

Women make over 80% of the healthcare decisions in the US aloneⁱ—

which means they have a tremendously powerful voice to make change happen. It starts with having the knowledge, perspective and confidence to address important issues that could help millions of women.



Women and Postsurgical Recovery

DR. UMA SHASTRI, ANESTHESIOLOGIST

96% of women are motivated to **return home and get back to their daily routine** following surgery.ⁱⁱ

84% of women have **concerns related to being prescribed or taking opioids**.ⁱⁱ Top concerns include physical impact, such as nausea, vomiting, constipation, addiction or dependence, and mental impact, such as confusion, anxiety or irritability.

While women proactively plan for surgeries, they often miss a key question about how pain management can improve their recovery experience. Although certain non-opioid pain options can reduce hospital stays by several days, only

26% of women **discussed non-opioids before surgery**.ⁱⁱ

Women should feel **empowered to have proactive discussions with their doctor** about the range of pain management options available, including opioid alternatives such as EXPAREL® (bupivacaine liposome injectable suspension) that can effectively manage pain while reducing or eliminating the need for opioids during the postsurgical recovery period.

Indication
EXPAREL® (bupivacaine liposome injectable suspension) is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information
EXPAREL should not be used in obstetrical paracervical block anesthesia. In studies in adults where EXPAREL was injected into a wound, the most common side effects were nausea, constipation, and vomiting. In studies in adults where EXPAREL was injected near a nerve, the most common side effects were nausea, fever, and constipation. In the study where EXPAREL was given to children, the most common side effects were nausea, vomiting, constipation, low blood pressure, low number of red blood cells, muscle twitching, blurred vision, itching, and rapid heartbeat. EXPAREL can cause a temporary loss of feeling and/or loss of muscle movement. How much and how long the loss of feeling and/or muscle movement depends on where and how much of EXPAREL was injected and may last for up to 5 days. EXPAREL is not recommended to be used in patients younger than 6 years old for injection into the wound, for patients younger than 18 years old for injection near a nerve, and/or in pregnant women. Tell your health care provider if you or your child has liver disease, since this may affect how the active ingredient (bupivacaine) in EXPAREL is eliminated from the body. EXPAREL should not be injected into the spine, joints, or veins. The active ingredient in EXPAREL can affect the nervous system and the cardiovascular system; may cause an allergic reaction; may cause damage if injected into the joints; and can cause a rare blood disorder.



Addressing Sexual Pain and Pelvic Health

DR. ANGELA STOHR, OB/GYN

As many as **75%** of women experience **pain during sex** at one point in their life.ⁱⁱⁱ

Many conditions may cause pain during sex, including:

- Pelvic floor dysfunction
- Ovarian cysts
- Fibroids
- Vaginismus
- Endometriosis
- Menopause

Going into your next appointment, you may want to discuss the following with your OB/GYN:

- How long have you been experiencing pain?
- Does it get more intense before, during or after sex?
- Is there any bleeding associated with it?
- Is it constant or an intense stabbing pain?
- Is the pain related to your menstrual cycle, urination and/or sexual activity?

Having an honest conversation with your healthcare provider expands your options for care. Talk to your doctor at your annual check-up if you're experiencing pain during sex.



Gaps in Sexual Wellness After Cancer

DR. KRISTIN ROJAS, BREAST ONCOLOGICAL AND GYNECOLOGIC SURGEON

Intimacy changes after a cancer diagnosis. Both male and female survivors can experience significant sexual dysfunction, pain with sex and loss of desire. The difference is that men are more educated and receive more resources on this topic. Talk to your OB/GYN or oncologist about any issues or concerns you may have with intimacy. There are also online resources, such as Learn Look Locate that are available. This is an important topic for all women, regardless of the circumstances. There are resources and tools to start the conversation with your healthcare provider.

Breast cancer and prostate cancer are the most common cancers in women and men, respectively^{iv}, and both groups may face challenges with intimacy after diagnosis.

However, the amount of sexual counseling patients receive is dramatically different. In fact, only **29%** of breast cancer survivors report that they receive any information regarding sexual issues, while **80%** of male prostate cancer patients report that they receive counseling.^v

Even further, the sheer number of drugs approved for sexual dysfunction in men and women is extremely disproportionate. In fact, **it wasn't until 2015 that the first drug to treat low libido in women was approved by the FDA**; at that point dozens had already been approved for men.^{vi}

“If you search “sexual dysfunction” in Google, you will find that the search engine thinks that sexual dysfunction is only a male problem.”

— Dr. Kristin Rojas



Elevating Postpartum Recovery Through Pelvic Floor Therapy

DR. MARCY CROUCH, PELVIC FLOOR PHYSICAL THERAPIST

The pelvic floor is a muscular hammock that sits in the bottom of our pelvis and helps to **hold our organs up, provide sexual function and continence, and perform core stability.**

Just like any other muscle in the body, injuries can occur, weakness can develop, or tension can build **resulting in pain and dysfunction.**

Common or even normal postpartum experiences can be linked to problems with the pelvic floor muscles, such as:

- The frequent urge to urinate
- Painful urination
- Constipation
- Pain or discomfort during sex
- Low back pain
- Sciatica
- Prolapse of the pelvic organs (bladder, uterus or rectum)

35% of new mothers experience **urinary incontinence following childbirth**, and

20% of first-time moms experience **severe pelvic floor muscle injury** after a normal pregnancy and delivery.^{vii}

Recovery starts well before your baby is born and you can maximize your chances for an enhanced recovery by educating yourself.

Consider visiting a pelvic floor physical therapist as they may use several techniques like education, exercises, manual therapy, biofeedback, and more to help support your postpartum experience.

ⁱMatoff-Stepp, S. Women as Health Care Decision-makers: Implications for Health Care Coverage in the United States. November 2014. [Journal of Health Care for the Poor and Underserved.]

ⁱⁱPacira BioSciences, Inc. On the Rebound: What to Expect after Surgery. July 2020. [Analysis in the report was based on research conducted by Wakefield Research.]

ⁱⁱⁱAmerican College of Obstetricians and Gynecologists. When Sex is Painful. August 2018.

^{iv}Dana-Farber Cancer Institute. What Are the Most Common Cancers in Men vs. Women. July 2015.

^vRojas, K. Menopause, Urogenital, Sexual Health and Intimacy Center.

^{vi}Pollack, A. 'Viagra for Women' Gets Push for F.D.A. Approval. May 2015. [The New York Times.]

^{vii}Lifespan. Information and Treatment for Postpartum Pelvic Floor Issues.