

## Advice for patients with Diabetes undergoing Endoscopic procedures

(Gastroscopy, Colonoscopy, Enteroscopy, EUS, ERCP)

This factsheet is designed to help you understand and manage your diabetes before and after your endoscopic procedure.

### Adjusting your diabetic treatment

When you are undergoing an endoscopic procedure, you may need to adjust your diabetes treatment. This could upset your blood glucose levels, but please do not worry about this they should return to normal within 24 to 48 hours after the procedure.

If you normally check your blood glucose with a meter, please continue to do so. You may need to do this more often as you are preparing for the procedure especially if you feel your blood glucose levels are falling (hypoglycaemia or hypo)

### Signs and symptoms of hypoglycaemia include:

Sweating	Drowsiness
Shaking	Light headedness
Blurred Vision	Slurred speech
Extreme Hunger	Muddled thinking

If your blood glucose falls below 4 mmol/L take something sugary immediately such as 3 to 5 glucose tablets and recheck your blood glucose after 10 minutes. If it remains 4 or below repeat the process.

It is important you keep clear sugary drinks such as lemonade, clear Lucozade available while taking bowel preparation to help maintain blood glucose levels.

## Before a colonoscopy (or if having a gastroscopy at the same time as a colonoscopy)

If your diabetes is managed by diet alone no changes are required.

If you use tablets and/or non-insulin injectable medications

Examples of non-insulin injectables: Liraglutide, Exenatide, Dulaglutide, Lixisenatide

### The day 1 and 2 before and on the day of your procedure:

OMIT all ORAL diabetic medication

STOP all NON-INSULIN injectables

### After the procedure:

Once you are allowed and able to eat and drink normally, resume your usual treatment at the usual doses.

Restart SGLT2 inhibitors on the day after the procedure once eating and drinking well.

If you use insulin for diabetes, please follow the instructions relevant to your treatment:

Insulin and frequency	Day 1 and 2 before procedure	Day of procedure
Once daily (evening) e.g. Lantus, Levemir, Tresiba, Abasaglar, Insulatard or Humulin I, Toujeo	Take 50% of usual insulin dose at usual time	Take your usual dose in the evening after the procedure
Once daily (morning) e.g. Lantus, Levemir, Tresiba, Abasaglar, Insulatard or Humulin I, Toujeo	Take 50% of usual insulin dose at usual time	Take 50% of your usual dose on the morning of your procedure
Twice daily e.g. Novomix 30, Humulin M3, Humalog Mix 25 or 50, Lantus, Levemir	Take half of usual insulin doses	Omit morning dose. Take your usual dose in the evening after the procedure
3 to 5 injections daily e.g. Novorapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp with long acting insulin	Take half usual breakfast and evening meal insulin doses	OMIT ALL rapid insulin

Your normal insulin dose can be resumed the day after your procedure assuming you are able to eat and drink normally.

## Before a Gastroscopy, EUS, ERCP or Enteroscopy

If your diabetes is managed by diet alone no changes are required.

If you use tablets and/or non-insulin injectable medications

Examples of non-insulin injectables: Liraglutide, Exenatide, Dulaglutide, Lixisenatide

### **The day before:**

Please take all medications as usual

### **On the day of a MORNING procedure:**

OMIT all ORAL diabetic medications and STOP all NON-INSULIN injectables which are due in the morning.

Restart all the ORAL diabetic medications as scheduled after the procedure from lunchtime once eating and drinking well.

### **On the day of an AFTERNOON procedure:**

Take your morning dose of usual diabetes medicines except sulphonylureas (Glimepiride, Gliclazide) and SGLT2 inhibitors (Dapagliflozin, Canagliflozin, Empagliflozin, Ertugliflozin) with a light breakfast.

OMIT all scheduled ORAL diabetic medications and STOP all NON-INSULIN injectables for lunchtime.

Restart usual dose of the sulphonylureas in the evening and SGLT2 inhibitors on the day after the procedure once eating and drinking well.

Follow instructions relevant to the insulin regime you are on:

Insulin and frequency	Day before procedure	On the day of a MORNING procedure	On the day of an AFTERNOON procedure
Once daily (morning) e.g. Lantus, Levemir, Tresiba, Abasaglar, Insulatard or Humulin I, Toujeo	Take usual dose	Take 80% of usual insulin dose	Take 80% of usual insulin dose
Once daily (evening) e.g. Lantus, Levemir, Tresiba, Abasaglar, Insulatard or Humulin I, Toujeo	Take 80% of usual insulin dose at usual time	Take usual dose in the evening after the procedure	Take 80% of usual dose in the evening after the procedure
Twice daily e.g. Novomix 30, Humulin M3, Humalog Mix 25 or 50, Lantus, Levemir	Take usual dose	Omit morning dose. Take half usual dose with lunch after the procedure	Take half usual dose in morning with light breakfast. Omit lunchtime dose. Take usual dose in the evening after the procedure if eating and drinking well
3 to 5 injections daily e.g. Novorapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp with long acting insulin	Take usual dose	Omit morning dose. Take usual dose with lunch after the procedure	Take usual morning dose, but no lunchtime dose

Your normal insulin dose can be resumed the day after your procedure assuming you are able to eat and drink normally.

## Diabetic patients managed by insulin pump

Please contact your specialist pump team for advice.

For further advice regarding your diabetes please contact Diabetic Nursing Team

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Your GP or NHS 111 out of hours