

## **PATIENT INFORMATION LEAFLET**

### **Endoscopic procedures: advice for people with diabetes**

#### **Gastroscopy, colonoscopy, enteroscopy, EUS, ERCP**

We have written this factsheet to help you understand how to manage your diabetes before and after your investigation. It is important you read and follow the guidance for the procedure that you are having.

If you have any further questions or are unclear about any of the information provided, please contact the endoscopy unit, where a member of the endoscopy team will be happy to discuss with you.

If you are unsure which type of insulin or medications you take for your diabetes, please contact your usual diabetes care provider.

If you have **Type 1 Diabetes** and have concerns about your insulin adjustments, please contact your usual diabetes specialist nurse.

#### **Adjusting your diabetes treatment**

When you go into hospital for your procedure you may need to adjust your diabetes treatment. Your blood glucose levels might be upset due to the change in your usual routine. The levels should return to normal within 24 to 48 hours.

#### **Blood glucose testing**

If you have a blood glucose meter, please continue to check your blood glucose regularly. You may need to test more often. We suggest you should test before each meal or around four times a day. It is important to test before going to bed and whenever you feel your blood glucose levels might be low (if on insulin or gliclazide).

#### **Symptoms of low blood glucose "hypoglycaemia"**

These can include:

- Sweating
- Shaking
- Blurred vision
- Hunger
- drowsiness
- light headedness
- slurred speech
- muddled thinking

If your blood glucose levels falls below 4 mmol/l take something sugary immediately such as:

- Four to five glucose /dextrose tablets or
- Three to five jelly babies or
- 150 ml (quarter of a pint) smooth fruit juice (no bits)
- 200 ml of glucose drink e.g. ordinary lucozade

Re-check your blood glucose after 15 minutes. If they are still below 4 mmol/l repeat the step above.

On the day of the appointment please bring all your diabetes medications, tablets and injections, with you so that your usual treatment can be restarted after the procedure.

You should have support available from another adult in the preparation for your procedure, when fasting or taking bowel preparation.

**If possible, get someone to bring you to hospital and pick you up afterwards. You should not be driving yourself.**

**Before a OGD (gastroscopy), EUS, ERCP or enteroscopy  
If your diabetes is managed by diet alone**

No changes required follow the advice regarding preparation

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

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

The day before take medications as usual

**MORNING APPOINTMENT:**

omit all ORAL diabetes medications and stop all NON-INSULIN injectables

**AFTERNOON APPOINTMENT:**

take usual diabetes medications with a light breakfast.

**AFTER the procedure**

Once eating and drinking restart your usual treatment at the usual dose.

**If you are treated with insulin for diabetes**

**Follow the instructions for all the insulin treatments you are taking.**

<b>Insulin and frequency</b>	<b>Day before procedure</b>	<b>On the day of a MORNING procedure</b>	<b>On the day of an AFTERNOON procedure</b>
<b>Once daily (morning) (e.g.Lantus, Levemir,Abasaglar Tresiba, Toujeo, Humulin I, Insulatard)</b>	<b>Take usual dose in the morning</b>	<b>Take 80% of usual dose at the usual time</b>	<b>Give half of the usual morning dose at the usual time. Give the remaining half of the dose after the procedure</b>
<b>Once daily (evening) (examples as above)</b>	<b>Take 80% of usual dose at usual time</b>	<b>Give the usual dose in the evening after the procedure</b>	<b>Give the usual dose at the usual time after the procedure</b>
<b>Twice daily (e.g., Novomix 30, Humulin M3, Humalog mix 25 or mix 50, Lantus, Levemir)</b>	<b>Take usual dose</b>	<b>Omit morning dose take usual dose with breakfast after the procedure</b>	<b>Take half usual dose with a light breakfast. Take usual dose with evening meal</b>
<b>3 or more injections of short acting insulin with food (e.g. Novorapid, Humalog, Fiasp, Lymjev, Humulin S)</b>	<b>Take usual dose with meals and snacks</b>	<b>Do not take when nil by mouth-missing one meal. Take usual dose with food after the procedure</b>	<b>Take usual morning dose with breakfast, omit lunchtime dose and restart usual dose with next meal.</b>

**Before colonoscopy-or if having a gastroscopy at the same time as a colonoscopy**

**If your diabetes managed by diet alone**

No changes required.

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

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

The day before and on the day of the procedure. You will be on a low residue diet. You will be having bowel preparation drinks. Take additional clear fluids and sugary drinks to maintain the blood sugar e.g. clear fruit juice or Lucozade.

OMIT all ORAL diabetes medications.

STOP all NON INSULIN injectables.

AFTER the procedure and when eating and drinking normally restart your usual treatment at the usual doses at the usual time.

### If you use insulin for diabetes

<b>Insulin and frequency</b>	<b>Day before procedure</b>	<b>Day of procedure</b>
<b>Once daily (evening) e.g. Lantus, Levemir, Abasaglar, Toujeo, Tresiba, Humulin I or Insulatard</b>	<b>Take 80% of usual insulin dose at usual time the evening before.</b>	<b>Take your normal evening dose at the usual time.</b>
<b>Once daily (morning) (examples as above)</b>	<b>Take 80% of usual morning dose at usual time</b>	<b>Take 80% of normal dose on the morning of the procedure</b>
<b>Twice daily (e.g. Novomix 30, Humulin M3, Humalog mix 25 or Mix 50, Lantus, Levemir)</b>	<b>Take half of usual insulin dose at the usual times</b>	<b>Take half of usual insulin dose in the morning. Resume the usual dose in the evening.</b>
<b>3 or more injections of short acting insulin (e.g. Novorapid, Humalog, Fiasp, Lyumjev, Humulin S)</b>	<b>Take half of usual breakfast, lunch and evening meal insulin doses</b>	<b>Omit short acting insulin when not eating. Take your usual dose with your next meal.</b>

### What if I have an insulin pump?

#### **Please inform your specialist pump team on the day before admission**

- Maintain your usual basal rate and only give boluses according to your carbohydrate intake.
- If you are fasting and have any concerns about hypoglycaemia, you can use a temporary basal rate that is 80% of your usual rate. Resume usual pump use with usual food intake.
- You can contact your Diabetes Specialist Team for personalised advice.

## Examples of insulin dose adjustment: 80%= usual dose x 0.8 to the nearest unit

If taking	half	80%
10 units	5 units	8 units
20 units	10 units	16 units
30 units	15 units	24 units
40 units	20 units	32 units
50 units	25 units	40 units

### How to manage my diabetes after the procedure?

- After your procedure you can drink when you are able to.
- Once you are eating and drinking you should resume taking your diabetes medications as normal.
- Your blood glucose levels may be higher than usual for a day or so.
- When you get home, if you feel nauseated or vomit and are unable to eat, please refer to the 'What to do when you are ill' link below

➤ [www.trenddiabetes.online](http://www.trenddiabetes.online)

➤ [www.diabetes.org.uk](http://www.diabetes.org.uk)

- If you do not improve quickly and usually attend the hospital for diabetes care, please telephone the Diabetes Team (see below for details) during office hours Monday to Friday. If they do not answer leave a message.

- Please contact your GP, if you usually see them about your diabetes care.

### Useful Contact details:

#### Diabetes Specialist Nurses contact details between 9-5pm:

- Royal Gwent Hospital 01633 234271
- Nevill Hall Hospital 01873 732908
- Ysbyty Ystrad Fawr 01443 802231
- Primary care Diabetes Specialist Nurses advice line 01495 768676