

Diabetic Patient Information

General Information

It is essential that people prescribed oral hypoglycaemic agents and insulin have regular carbohydrate (CHO) intake. The following fluids contain 10grams CHO:

- 100mL fruit juice
- 150mL coca cola/lemonade (not diet)
- 50mL Lucozade
- 2 tablespoons jelly (ordinary)

Monitor blood glucose and ensure appropriate treatments for hypoglycaemia are available.

SGLT2 inhibitors – **Jardiance; Jardiamet; Forxiga, Xigduo, Glyzambi, Qtern**

- *If you are taking any of these medications you **must** consult with your GP prior to procedure as these medications **must** be ceased 2 days prior and the day of procedure. Alternative medications may be required. If these medications are not ceased your procedure may be cancelled.*

- **Diabetes treated with tablets (Oral Hypoglycaemic)**

- Take prescribed oral diabetic medication DURING BOWEL PREPARATION (Day 4)
- Omit prescribed oral diabetic medication AM DOSE DAY OF PROCEDURE (Day 5)

Resume diabetic medication as prescribed with food following procedure.

Please bring Medication with you to your Appointment.

Diabetes treated with Insulin

Recommend four times daily blood glucose monitoring

Day prior to procedure take

- Half the evening short acting insulin
- Three-quarters of the evening Lantus insulin
- Half the evening long acting insulin (if not using Lantus)

Day of the procedure

- Omit morning Insulin. **Please bring Insulin with you to your Appointment**

Resume normal prescribed insulin with food following procedure

Hypoglycaemia ('Hypo') - having A Hypo

This means low blood glucose

The most common symptoms are trembling, sweating, and dizziness and often a feeling of hunger, but confusion can also occur.

The most common causes of hypoglycaemia are missed or delayed meals, insufficient carbohydrate, excessive exercise, too large a dose of insulin or drinking alcohol.

Treat hypoglycaemia immediately by eating something sweet e.g. 3 glucose tablets or 50ml Lucozade, followed by something 'starchy' e.g. a sandwich or your next meal if due.

Hyperglycaemia (high blood glucose)

This usually comes on more slowly than a 'Hypo' and can lead to "ketoacidosis"

The symptoms are thirst, passing large amounts of urine and tiredness.

This can happen during times of illness e.g. 'flu' or if you have had too little insulin or missed insulin injections or have not stuck to your diet.

If this happens, increase the amount of blood tests you are doing, increase your insulin dose if you know how to and check your urine or blood for ketones, especially if you feel unwell.

Contact your diabetes specialist or General Practitioner for more advice if required.

Reference

Gastroenterology Procedure Request, Digestive Health, Metro North Hospital and Health Service. Version 3 effective July 2015
Diabetes Queensland, Diabetes Management in General Practice, Guidelines for Type 2 Diabetes, August 2012
Australian Diabetes Society, Peri-Operative Diabetes Management Guidelines, July 2012

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