

Patient information factsheet

Endoscopic procedure: 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 an endoscopic procedure. It is important that you read and follow the instructions in this factsheet relating to the procedure you are having.

If you have any further questions or are unclear about any aspects of the information contained within this fact sheet, please contact the endoscopy unit, where a member of the endoscopy team will be happy to discuss these with you.

Adjusting your diabetic treatment

When you go into hospital for an endoscopic procedure, you may need to adjust your diabetes treatment. This could upset your blood glucose levels because of the changes in your routine. Please do not worry about this as the levels should return to normal within 24 to 48 hours after the procedure.

If you normally check your blood glucose levels with a meter, please continue to do so. You may need to test them more often. We suggest that you test before each meal, before going to bed and whenever you feel that your blood glucose levels are falling (hypoglycaemia or 'hypo').

Symptoms and signs of hypoglycaemia

These can include:

- sweating
- shaking
- blurred vision
- extreme hunger
- drowsiness
- light headedness
- slurred speech
- muddled thinking

If your blood glucose level falls below 4 mmol/L take something sugary immediately, such as:

- three to five glucose tablets
- three jelly baby sweets,
- 150mls (quarter pint) smooth orange juice (no bits)

Wait 15 minutes and re-test your blood glucose levels. If they remain below 4mmol/L repeat the initial hypo treatment.

On the day of your appointment please bring your diabetes tablets and/or insulin with you so that you can continue with it as soon as possible after your procedure.

You should have help and support from another adult while you are fasting or taking bowel preparation. They need to be able to recognise if you are having a hypo (low blood sugar) as this is more likely at this time.

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 before and on the day of the 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.

If you use insulin for diabetes

Follow the instructions relevant to your insulin treatment:

Insulin and frequency	Day before procedure	Day of procedure
Once daily (evening) (e.g. Lantus, Levemir, Tresiba, Abasalaglar Insulatard or Humulin I, Toujeo)	Take 80% of usual insulin dose at usual time	Take 80% of your normal dose in the evening after the procedure
Once daily (morning) (e.g. Lantus, Levemir, Tresiba, Abasalaglar Insulatard or Humulin I, Toujeo)	Take 80% of usual insulin dose at usual time	Take 80% of your normal 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 80% of your normal 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 the procedure (assuming you are able to eat and drink normally).

If managed by personal insulin pump

Please inform your specialist pump team before admission.

The day before:

Continue with your usual basal rates and continue to bolus depending on carbohydrate intake (be mindful of what you are allowed to eat and drink for hypos and when you need to start your solid fast).

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On the day:

Continue with usual (or temporary rate if you have been previously trained to set this for fasting states) basal rates and continue to bolus as you normally do once you resume oral intake.

Before a gastroscopy, EUS, ERCP or enteroscopy

If your diabetes is managed by diet alone

No changes required. Follow the advice given in the patient information factsheet.

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

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

The day before:

Please take medication as usual

On the day, if your procedure is in the MORNING:

OMIT all ORAL diabetic medication and STOP all NON-INSULIN injectables

On the day, if your procedure is in the AFTERNOON:

Take usual diabetes medication with a light breakfast

After the procedure:

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

If you use insulin for diabetes

Follow instructions relevant to all insulin regimens 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, Insulatard or Humulin I)	Take usual dose	Take 80 percent of usual dose	Withhold in the morning then take 80% of usual dose in the evening after the procedure
Once daily (evening) (e.g Lantus, Levemir, Tresiba, Abasaglar, Insulatard or Humulin I, Toujeo)	Take 80% of usual insulin dose at usual time	Take 80% of 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 with light breakfast
3 to 5 injections daily (e.g. NovoRapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp with long acting insulin)	Take usual dose	Omit before procedure. 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 the procedure (assuming you are able to eat and drink normally).

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If managed by personal insulin pump

Please inform your specialist pump team before admission.

The day before:

No change but avoid solid foods after 9pm. If you normally have a bedtime snack, please take this by 9pm.

On the day:

Continue with usual basal rates (or temporary 'reduced' rate if you have been previously trained to set this for fasting states) and continue to bolus as you normally do once you resume oral intake.

If you need a translation of this document, an interpreter or a version in large print, Braille or audio, please call 023 8120 4688.