

## Patient information factsheet

# Having an endoscopy procedure under General Anaesthetic/Propofol sedation Advice for people with diabetes

## (Gastroscopy, 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 of the information in this factsheet, please contact the endoscopy unit.

### Adjusting your diabetes treatments

When you go into hospital for an endoscopic procedure, you may need to adjust your diabetes treatment. This could affect 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 or an alternative device (glucose sensor, for example), 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.

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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 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 for diabetes

Medication name	Day before the procedure	If your procedure is in the morning	If your procedure is in the afternoon
Metformin	Take as normal.	<b>For EUS, gastroscopy or enteroscopy:</b>  If taken once or twice a day, take as normal.  If taken three times per day, do not take lunchtime dose.  <b>For ERCP:</b>  Do not take before the procedure.	<b>For EUS, gastroscopy or enteroscopy:</b>  If taken once or twice a day, take as normal.  If taken three times per day, do not take lunchtime dose.  <b>For ERCP:</b>  Do not take before the procedure.
Glibenclamide Gliclazide Glipizide Glimiperide	Take as normal.	Do not take morning dose.  If taken twice daily, take evening dose if eating.	Do not take on day of procedure.
Dapagliflozin Canagliflozin Empagliflozin Ertugliflozin	Stop 48 hours before the procedure.	Do not take on day of procedure.	Do not take on day of procedure.

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Medication name	Day before the procedure	If your procedure is in the morning	If your procedure is in the afternoon
Liraglutide Dulaglutide Semaglutide Tirzepatide	Take as normal.	Take as normal.	Take as normal.
Sitagliptin Vildagliptin Saxagliptin Alogliptin Linagliptin	Take as normal.	Take as normal.	Take as normal.
Pioglitazone	Take as normal.	Take as normal.	Take as normal.
Acarbose	Take as normal.	Do not take morning dose if not eating.	Take morning dose if eating.
Repaglinide Nateglinide	Take as normal	Do not take morning dose if not eating.	Take morning dose if eating.

## After the procedure:

Once you are eating and drinking normally, you may resume your normal medication (except dapagliflozin, canagliflozin, empagliflozin and ertugliflozin which should not be restarted until 48 hours after the procedure).

## If you use insulin for diabetes

Follow instructions relevant to all insulin regimens you are on:

Insulin and frequency	Example medication	Day before procedure	If your procedure is in the morning	If your procedure is in the afternoon
Once daily long acting (morning)	Abasaglar, Toujeo, Humulin I, Insulatard, Lantus Levemir, Semglee, Xultophy	Take as normal.	Take 80% of usual dose.	Take 80% of usual dose.
<p>Tresiba</p> <p>If taken once daily: Reduce dose to 80% of usual dose for three doses immediately prior to and on day of procedure.</p> <p>If taken twice daily: Please seek advice from endoscopy pre-assessment team or endoscopy unit.</p>				

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Insulin and frequency	Example medication	Day before procedure	If your procedure is in the morning	If your procedure is in the afternoon
Once daily long acting (lunchtime)	As above	Take 80% of usual dose.	Restart insulin at normal doses when eating and drinking starts.	Restart insulin at normal doses when eating and drinking starts.
Once daily long acting (evening)	As above	Take 80% of usual dose	No dose adjustment necessary.	No dose adjustment necessary.
Twice daily (long acting insulin)	As above	Morning dose to be taken as normal.  Take 80% of evening dose.	Take 80% of usual dose in the morning.  Evening dose remains unchanged.	Take 80% of usual dose in the morning.  Evening dose remains unchanged.
Twice daily (pre mixed insulin)	Humulin M3 Novomix 30 Humalog Mix 25 Humalog Mix 50 Hypurin Porcine (30/70 Mix)	Take as normal.	Take half of usual morning dose.  Resume usual insulin with evening meal if eating a normal meal.  If eating a half/small meal take half usual dose.	Take half of usual morning dose.  Resume usual insulin with evening meal if eating a normal meal.  If eating a half/small meal take half usual dose.

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Insulin and frequency	Example medication	Day before procedure	If your procedure is in the morning	If your procedure is in the afternoon
Three times per day (pre mixed insulin)	As above	Take as normal	<p>Take half of usual morning dose.</p> <p>Do not take lunchtime dose.</p> <p>Resume normal insulin with evening meal if eating a normal meal.</p> <p>If eating a half/ small meal give half usual dose.</p>	<p>Take half of usual morning dose.</p> <p>Do not take lunchtime dose.</p> <p>Resume normal insulin with evening meal if eating a normal meal.</p> <p>If eating a half/ small meal give half usual dose.</p>
Short acting insulin with meals (two to four doses a day)	NovoRapid Fiasp Trurapi Apidra Lyumjev Humalog Humulin S Actrapid Hypurin Porcine	Take as normal	<p>Do not take morning dose if no breakfast is eaten.</p> <p>Do not take lunchtime dose if not eating and drinking.</p> <p>Resume normal insulin with evening meal if eating normally.</p> <p>If eating a half/ small meal give half usual dose.</p>	<p>Take your usual morning insulin dose with your breakfast.</p> <p>Do not take lunchtime dose if not eating.</p> <p>Resume normal insulin with evening meal if eating normally.</p> <p>If eating a half/ small meal give half usual dose.</p>

**Note: Capillary blood glucose monitoring will be taken by endoscopy staff upon arrival at the department. If your blood sugar is below 5mmols then you may be given 15g (3 and a half teaspoons) of sugar, in a quarter of a glass of water (approximately 62 mls).**

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## If you use a personal insulin pump for diabetes

Please inform your specialist pump team before admission.

### The day before the procedure:

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).

### On the day:

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

## Contact us

If you have any questions about anything related to this factsheet you can contact:

**Endoscopy pre-assessment team** on telephone: **07825 111807** or **07769 364198**  
(Monday to Friday, 8am to 4pm).

Alternatively, you can call **the Endoscopy department direct** on telephone: **023 8120 6066**.

If for any reason your procedure is cancelled or rescheduled please contact the Endoscopy pre-assessment team on the number above.

The University Hospital Southampton NHS Foundation Trust endoscopy and adult diabetes worked together to produce this guidance.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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