

# Clinical Guideline

## *Peri-operative management of diabetes mellitus medicines*

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If you have any questions about how to take your medicines before surgery, contact us by calling:  
**020 7188 7188 extension:.....** between 9am - 5pm, Monday to Friday

Please bring this instruction sheet with you when you attend for your surgery.

Patient name:  
 Unit number:  
 Gender: M / F  
 Date of birth:  
 NHS number:  
**Or attach patient addressograph**

## Managing your insulin before and after surgery

A nurse, doctor or pharmacist will highlight the antidiabetes medicine/s that you are taking in the table below and hence the advice that you should follow, once you know when your operation will be. If you have any concerns in the days leading up to your surgery, please call your GP (as you would normally) or contact us on the number above.

Insulin type and frequency	Day prior to admission	On the day of surgery this advice is the same for morning or afternoon surgery	After surgery
Long-acting insulin, taken once a day in the evening	Take as usual	See 'after surgery' box	Your evening dose will be given as usual if you are eating and drinking again
Long-acting insulin, taken once a day in the morning	Take as usual	Reduce your usual dose by approximately 1/3rd for each expected omitted meal	The next day, your usual dose will be given if you are eating and drinking again
Twice daily insulins eg mixed or intermediate acting	Take as usual	Take half your usual morning dose	Your evening dose will be given as usual if you are eating and drinking again
Three times a day (mealtime) insulin	Take as usual	Omit doses usually given with or before any meals you have been advised to miss	Your usual doses will be restarted when you are eating and drinking again

## How will my blood glucose be controlled in hospital?

The hospital team will check your blood glucose (sugar), before your surgery and regularly during and after the operation. If at any point your blood glucose level is higher than 11 mmol/L, they will consider starting an insulin infusion into your vein. Some patients may need to have an insulin infusion at lower blood glucose levels. This means we can more accurately control your sugar levels. Keeping your sugar levels controlled tightly in this way mean it is less likely that you will have post-operative infections and other surgical complications. Once you are able to eat and drink again, you will be put back on your usual anti-diabetic medicines.

Completed by: ..... (print name & reg number);..... (signature)

Date: .....

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## Managing your diabetes mellitus medicines before and after surgery

A nurse, doctor or pharmacist will highlight the antidiabetes medicine/s that you are taking in the table below and hence the advice that you should follow, once you know when your operation will be. If you have any concerns in the days leading up to your surgery, please call your GP (as you would normally) or contact us on the number above.

Types of non-insulin anti-diabetic medicines	The medicine that you are taking (we will write it in this column)	Day before surgery	On the day of surgery this advice is the same for morning or afternoon surgery	After surgery
Acarbose		Take as normal	Miss doses usually taken with any meals you have been advised to miss	Restart with first meal
Meglitinide (repaglinide or nateglinide)		Take as normal		
Short acting sulphuronylureas e.g. gliclazide, glipizide		Take as normal		
Long acting sulphuronylureas e.g. glibenclamide		Take as normal	Do not take your morning dose	
Metformin (including Glucophage SR)	<b>Surgery without contrast dye</b>			
		Take as normal	Take as normal	Take as normal
	<b>Surgery with contrast dye</b>			
		Stop <b>two days</b> before surgery	Miss all doses	Restart <b>two days</b> after surgery
Pioglitazone		Take as normal	Take as normal	Restart with first meal
DPP IV inhibitor e.g. sitagliptin, vildagliptin, saxagliptin		Take as normal	Miss morning dose	
Short-acting GLP-1 analogue e.g. exenatide, liraglutide: once or twice a day injections		Take as normal	Miss morning dose	
Long-acting GLP-1 analogue eg exenatide (Bydureon®): once weekly		Take as normal	Take as normal	Take as normal

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Completed by: ..... (print name & reg number); ..... (signature)

Date: .....

**What class of anti-diabetic?**

Generic name	Brand name(s)	Class
Glibenclamide		Long-acting sulphonylurea
Gliclazide	Diamicron, Diamicron MR	Short-acting sulphonylurea
Glimepiride	Amaryl	Short-acting sulphonylurea
Glipizide	Minodiab	Short-acting sulphonylurea
Tolbutamide		Long-acting sulphonylurea
Metformin	Glucophage, Glucophage SR	Metformin
Acarbose	Glucobay	Acarbose
Exenatide twice daily	Byetta	Short-acting GLP-1 analogue
Exenatide once weekly	Bydureon	Long-acting GLP-1 analogue
Liraglutide	Victoza	Short-acting GLP-1 analogue
Nateglinide	Starlix	Meglitinide
Pioglitazone	Actos	Glitazone
Repaglinide	Prandin	Meglitinide
Saxagliptin	Onglyza	DPP IV inhibitor
Linagliptin	Trajenta	DPP IV inhibitor
Sitagliptin	Januvia	DPP IV inhibitor
Vildagliptin	Galvus	DPP IV inhibitor
Pioglitazone AND metformin	Competact	Treat as metformin if using contrast dye, treat as glitazone if not
Sitagliptin AND metformin	Janumet	Treat as metformin if using contrast dye, treat as DPP-IV inhibitor if not
Vildagliptin AND metformin	Eucreas	Treat as metformin if using contrast dye, treat as DPP-IV inhibitor if not

Be aware that this list is NOT exhaustive and new drugs may come to market which are not included here. If in doubt, check the most recent edition of the BNF or call medicines information x 83855