

## Patient information factsheet

# Having an endoscopy procedure under conscious sedation

## Information 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 of the information within 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 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.

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

For example: Liraglutide, Dulaglutide, Semaglutide, Tirzepatide).

The day before and on the day of the procedure:

- **Stop** all **oral** diabetes medication
- **Continue** non-insulin injectable medication

### After the procedure:

Once you are eating and drinking normally, you can continue your usual medications/treatment at your normal doses (**except dapagliflozin, canagliflozin, empagliflozin and ertugliflozin which should restart 48 hours after the procedure** and when you are eating and drinking normally).

### If you use insulin for diabetes

Follow the instructions relevant to your insulin treatment:

Insulin and frequency	Two days before procedure	Day before procedure	Day of procedure
Once daily insulin ( <b>evening</b> ) - Tresiba	Take 80% of usual dose at the usual time.	Take 80% of usual dose at the usual time.	Take usual dose if eating normally in the evening.
Once daily insulin ( <b>morning</b> ) - Tresiba	Take 80% of usual dose at the usual time.	Take 80% of usual dose at the usual time.	Take 80% of usual dose - return to usual dose tomorrow.
Once daily ( <b>evening</b> ) (e.g. Lantus, Levemir, Abasaglar Insulatard or Humulin I, Toujeo)	No change	Take 80% of usual insulin dose at usual time.	Take 80% of your normal dose in the evening after the procedure.
Once daily ( <b>morning</b> ) as per examples above	No change	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)	No change	Take half of usual insulin doses with a drink (containing 3 teaspoons of sugar).	Take 25% usual dose of insulin in the morning, and sugary drinks (containing 3 teaspoons of sugar).
3 to 5 injections daily (e.g. NovoRapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp with long acting insulin)	No change	Do not take any rapid insulin.	Do not take any rapid insulin.

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 your diabetes is managed by personal insulin pump

Please inform your specialist pump team before admission.

### The day before your 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 of your procedure:

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 start eating and drinking normally.

## 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 about the procedure.

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

**Stop** dapagliflozin, canagliflozin, empagliflozin or ertugliflozin (“Flozins”) for 48 hours before the procedure.

### The day before the procedure:

Diabetes medication can be taken as normal (except “Flozins”).

### On the day, if your procedure is in the morning:

- **Stop** all **oral** diabetes medications
- **Continue** all non-insulin injectable medication (e.g. Liraglutide, Dulaglutide, Semaglutide, Tirzepatide)

### On the day, if your procedure is in the afternoon:

Take your usual diabetes medication with a light breakfast (**except “Flozins”**)

### After the procedure:

Once you are allowed to eat and drink normally, you may resume your normal medication

- Only resume **dapagliflozin, canagliflozin, empagliflozin or ertugliflozin 48 hours later** and when eating and drinking normally.

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## 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% of usual insulin dose.	Take 80% of usual insulin dose.
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	Take half of usual insulin dose in the morning.  Take usual insulin dose with evening meal, if eating a normal meal.  If eating a half/small meal take half of usual dose.	Take half of usual insulin dose with a light breakfast.  Take usual insulin dose with evening meal, if eating a normal meal.  If eating a half/small meal take half of usual dose.
3 to 5 injections daily (e.g. NovoRapid, Humalog, Actrapid, Humulin S, Apidra, Fiasp, Atripad with long acting insulin)	Take usual dose	Do not take before procedure.  Take usual dose with lunch after the procedure	Take usual morning dose, but no lunchtime dose

\* 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).

Your normal insulin dose can be resumed the day after the procedure (assuming you are able to eat and drink normally).

## If your diabetes is managed by personal insulin pump

Please inform your specialist pump team before admission.

### The day before your 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 of your procedure:

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.

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## Contact us

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

**Endoscopy pre-assessment team** on telephone: **07825111807** or **07769364198**  
(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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