

Patient information factsheet

CT colonography: Advice for people with diabetes

This factsheet contains advice on managing your diabetes medication before and after a CT colonography. We have also sent you our 'CT colonography (24-hour preparation)' factsheet. Please make sure you read the information in both factsheets and follow the instructions carefully. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Why do I need to adjust my diabetes medication?

To give us a clear view of your bowel, your bowel needs to be carefully prepared over the two days before your CT colonography.

To prepare your bowel, you will need to:

- follow a restricted diet (including fasting for a period of time)
- take a laxative (a type of medication that clears the bowel of poo)

Bowel preparation can lead to your blood sugar levels becoming low. Low blood sugar (also known as hypoglycaemia or a 'hypo') is usually where your blood sugar (glucose) is below 4mmol/L.

People who have diabetes are more at risk of having hypoglycaemia, so it is important that you adjust your diabetes medications appropriately before and after your procedure to reduce this risk.

What are the signs of hypoglycaemia?

We advise having another adult around to help and support you while you are fasting or taking bowel preparation medication. This is in case you have a hypoglycaemic episode.

Signs of hypoglycaemia can include:

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

If you normally check your blood glucose levels with a meter, please continue to do so. You may need to test more often.

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

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

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

How do I adjust my diabetes medication for the procedure?

If your diabetes is managed by diet alone

No changes are needed. Follow the guidance in the separate 'CT colonography (24-hour preparation)' factsheet.

If you use insulin

Follow the information in the table below to safely adjust your insulin before and after your procedure.

Insulin type and frequency	Two days before the procedure	One day before the procedure	On the day of the procedure
Once daily insulin (evening) (for example, Lantus, Abasaglar, Levemir, Tresiba, Toujeo, Insulatard, Humulin I, Semglee)	Take 80% of your usual dose.	Take 80% of your usual dose.	Take your usual dose in the evening if eating normally.
Once daily insulin (morning or lunch) (for example, Lantus, Abasaglar, Levemir, Insulatard, Humulin I)	Take your usual dose.	Take 80% of your usual dose.	Take 80% of your usual dose. Return to your usual dose the day after your procedure.
Twice daily (for example, Lantus, Abasaglar, Levemir, Insulatard, Humulin I)	Take your usual dose.	Take 80% of your usual dose.	Take 80% of your usual dose in the morning. Return to your usual evening dose if eating normally.
Mixed insulin (for example, Humulin M3, NovoMix 30, Humalog Mix25, Humalog Mix50)	Take your usual dose.	See table in 'If you use mixed insulin' section.	See table in 'If you use mixed insulin' section.
Rapid insulin (for example, NovoRapid, Humalog, Fiasp, Lyumjev, Apidra, Trurapi, Humulin S, Actrapid)	Take your usual dose.	Take your usual dose with breakfast. Then do not take any more insulin until after your procedure.	Hold off taking any more insulin until after your procedure when you can eat again.

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You should aim to keep your blood glucose levels **between 6 to 12mmol/L** across the day (ignore occasional glucose spikes).

Please note that the guidance we have provided above is not absolute and you may need to adjust your insulin doses by a further 10 to 20%. Use your home blood glucose monitoring data to help guide how much to adjust your insulin doses.

If you use mixed insulin

Follow the diet and medication information below to safely adjust your mixed insulin before and after your procedure.

Day	Mealtimes	What you should eat	Dose
Two days before the procedure	Breakfast	Two to three slices of dry toast with optional honey or with eggs (no butter, margarine or spread allowed). Alternatively, you can choose an option from the 'Foods allowed' list (enclosed).	Take your usual dose.
	Lunch	Two to three slices of dry bread with chicken (no skin) or a jacket potato (no skin) with fish, plain biscuits and chocolate or a jelly. Alternatively, you can choose an option from the 'Foods allowed' list (enclosed).	
	Dinner	Same as the lunch options above.	Take your usual dose.
	Snacks	Plain biscuits, smooth juice, honey, golden syrup and boiled sweets are good snack options, especially if your glucose levels are dropping.	
One day before the procedure	Breakfast	Two to three slices of dry toast with optional honey or with eggs (no butter, margarine or spread allowed). Alternatively, you can choose an option from the 'Foods allowed' list (enclosed).	Take 80% of your usual dose (for example, if you usually take 50 units, you should take 40 units instead).
	Stop eating solid foods by 10.30am		
	Lunch	40g carbohydrate (see examples on page 4).	
	Dinner	40g carbohydrate (see examples on page 4).	Take 50% of your usual dose (for example, if you usually take 50 units, you should take 25 units instead).
On the day of the procedure	Breakfast	40g carbohydrate (see examples on page 4).	Take 50% of your usual dose.

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Examples of 40g carbohydrate

- 450ml of smooth (no pulp), clear juice such as apple juice (not cloudy) - You should sip this amount of juice over one hour.
- 2 pots of jelly
- 8 teaspoons of sugar
- 300ml non-dairy/vegan ice cream

Choose **one** of the options above or adapt the quantities to mix and match the options (for example, 4 teaspoons of sugar and 1 jelly).

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

Follow the information in the table below to safely adjust your medication before and after your procedure.

Type of medication	Two days before the procedure	One day before the procedure	On the day of the procedure
SGLT2 inhibitors 'flozins' (for example, dapagliflozin, empagliflozin, canagliflozin)	Stop taking this medication from now.		You can resume your usual dose two days (at least) after your procedure if you are eating and drinking normally.
Metformin	Take your usual dose(s).	Stop taking this medication.	Do not take this medication on the day of your procedure.
Sulphonylurea (for example, gliclazide, glimepiride)	Take your usual dose(s).	Stop taking this medication.	
DPP-IV inhibitors 'gliptins' (for example, linagliptin, sitagliptin)	Take your usual dose(s).	Stop taking this medication.	You can resume your usual dose(s) the next day if you are eating and drinking normally.
GLP-1 Receptor Agonist: Daily or Weekly (for example, liraglutide, dulaglutide, semaglutide)	Daily: Stop taking this medication from now.		
	Weekly: Stop taking this medication the week before your procedure.		
Pioglitazone	Take your usual dose(s).		
Acarbose	Take your usual dose(s).	Stop taking this medication.	
Meglitinide (for example, repaglinide or nateglinide)	Take your usual dose(s).	Stop taking this medication.	

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On the day of your procedure

On the day of your procedure, please bring:

- something to eat for when the CT colonography scan is finished
- your blood sugar testing equipment (if possible)
- your insulin or diabetes medication

Contact us

If you have any further questions or concerns before the procedure, please contact us.

Radiology department

Telephone: **023 8120 3978** or **023 8120 6077** (Monday to Friday, 9am to 4.30pm)

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