

YOUR DAY CASE SURGERY DIABETES BOOKLET

SURGERY

Patient Information Leaflet

INTRODUCTION

You have been given this booklet because you have diabetes and are having a day case operation.

WHAT IS DAY CASE?

Coming into hospital as a day case patient means you come in and go home on the same day of your operation. The information on these pages will help you ensure that your diabetes is managed correctly and that you are in the best possible condition for your surgery.

DIABETES CONTROL IS IMPORTANT, ESPECIALLY AROUND SURGERY

It has been shown that patients whose diabetes is well controlled before their operation are less likely to have complications such as infections after surgery. Blood glucose control can be more tricky before an operation as you are required to fast (stop eating or drinking for a short period). Some types of diabetes medication may also need to be stopped before surgery.

WHAT THIS BOOKLET CONTAINS:

This booklet includes advice on what to do with your medication just before and after the operation. With proper planning, these changes should not upset your diabetes control.

If you have any difficulties understanding these instructions, please speak to a member of your local diabetes team, your pre-operative assessment nurse or your GP.

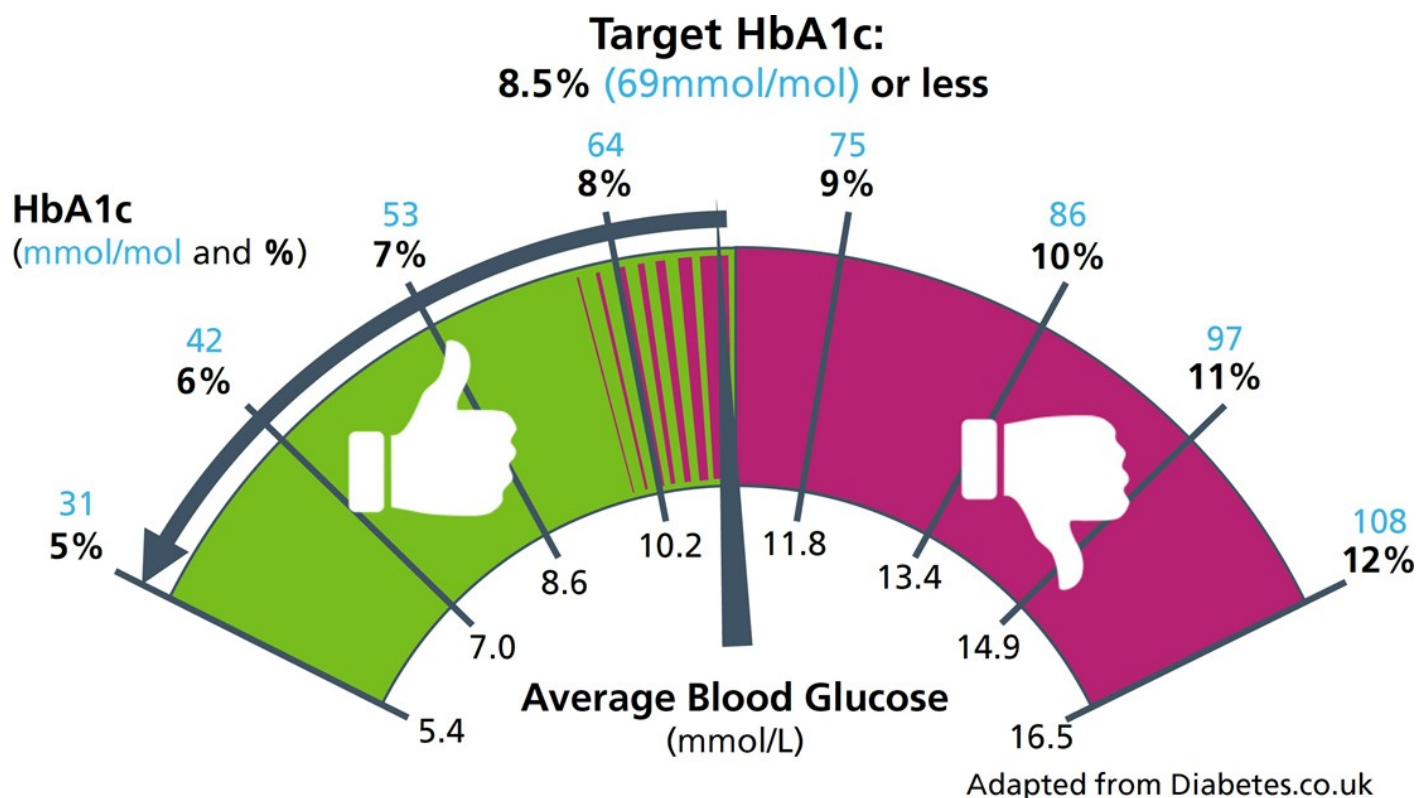
BLOOD GLUCOSE CONTROL

High blood glucose can increase the risk of infections and lead to less favourable outcomes following surgery. Good blood glucose control has also been shown to improve healing after surgery.

HbA1c is a blood test that gives an overall picture of your blood glucose levels over the past 3 months.

We recommend that your HbA1c should be (69 mmol/mol) or less before your operation.

For certain operations, a lower target HbA1c may be required. Your HbA1c will be tested at your pre-operative assessment and nurses will be able to advise you on the result. If it is high your operation may have to be postponed until it improves.



Your blood glucose will be checked on the day of the operation. If it is unstable, the healthcare team will aim to correct it first.

FASTING BEFORE SURGERY

On the day of your operation, you must fast (go without food or drink) for a set period of time before your surgery. This includes not chewing gum or sucking boiled sweets. It is important that you do so, as food or liquid in your stomach may make it unsafe to proceed with your operation.

If you are having a general anaesthetic, IV sedation or a nerve block:

For **morning** surgery, please **do not eat anything after 2am**. You may drink clear fluids (black tea or coffee or water) up to 7am.

For **afternoon** surgery, have a light breakfast **before 7am** and do not eat anything afterwards. You may drink clear fluids (black tea or coffee or water) up to 11:30 am.

If you are having a local anaesthetic:

Have a light meal (sandwich, soup, etc) 2 hours before your procedure. **Do not eat or drink** after that.

More Information Overleaf...

LOOK OUT FOR HYPOGLYCAEMIA (LOW BLOOD SUGAR)

Fasting can make you more likely to get hypoglycaemia. If you have any symptoms of hypoglycaemia such as sweating, dizziness, blurred vision or shaking please check your blood glucose if you are able to do so.

WHAT TO DO?

If your blood glucose is **less than 4mmol/L** take **ONE** of:

- 4-5 GlucoTabs® or 5-6 Dextrose® tablets **or**;
- One bottle (60ml) of Glucojuice **or**;
- 150-200ml pure fruit juice example orange **or**;
- 3-4 heaped teaspoons of sugar dissolved in water

Re-check blood glucose after 10 minutes and repeat if necessary.

Please tell staff at the hospital that you have done this because it may not be safe to proceed with your operation.

Please remember to bring with you to hospital:

- Glucose tablets or sugary drink
- Blood glucose testing equipment you usually use
- Diabetes medication (eg tablets, insulin) that you usually take for your diabetes
- A supply of insulin needles (if you take insulin)

If your nurse has any further instructions for you, they will be written here:

CHANGES TO YOUR DIABETES MEDICATION

If you take medication for your diabetes, you may need to change the doses before your operation.

If you are not prescribed medication for your diabetes, you do not need to make any changes unless specifically advised to do so.

Your nurse may have specific instructions for you (**see below**).

Otherwise please refer to these pages for instructions on:

- Tablets or GLP-1 Injections (page 5)
- Insulin (page 6)

Specific instructions for medication changes:

TABLET OR GLP-1 INJECTIONS

The following table will tell you what to do with your diabetes tablets/injections. If you are taking more than one, please follow the instructions for each of them.

Name of tablet	If your operation is in the morning	If your operation is in the afternoon
Acarbose	Skip morning dose	Take usual morning dose with breakfast
Repaglinide, Nateglinide	Skip morning dose	Take usual morning dose with breakfast
Metformin (Sukarto)	Take as usual unless specifically advised not to	Take as usual unless specifically advised not to
Gliclazide, Glibenclamide, Glipizide, Glimepiride, Tolbutamide	Skip morning dose	Skip morning dose
Pioglitazone	Take as usual	Take as usual
Sitagliptin, Saxagliptin, Vidagliptin, Alogliptin, Linagliptin	Take as usual	Take as usual

More Information Overleaf...

Name of tablet	If your operation is in the morning	If your operation is in the afternoon
Dapagliflozin, Canagliflozin, Empagliflozin, Ertugliflozin	Omit day before surgery and day of surgery	Omit day before surgery and day of surgery
GLP-1 injections or tablets		
Exenatide, Liraglutide, Dulaglutide, Lixisenatide, Semaglutide, Tirzepatide	Take as usual	Take as usual

INSULIN TREATED

On the day of your surgery, from 6 am onwards, you should **monitor your blood glucose every 2 hours** prior to your arrival at hospital and bring your record with you. If you are driving, you should also check your blood glucose just prior to starting your car and drive only if your blood glucose is more than 5 mmol/L.

The following table will tell you what to do with your insulin. If you are taking more than one type of insulin, please follow the instructions for each.

Name of insulin	If your operation is in the morning	If your operation is in the afternoon
Lantus, Levemir, Insulatard, Humulin I, Insuman Basal, Abasaglar, Toujeo, Tresiba, Semglee	Day before operation: Reduce your dose by 20% Morning of operation: If you take a morning dose, reduce this by 20%	Day before operation: Reduce your dose by 20% Morning of operation: If you take a morning dose, reduce this by 20%
Novomix 30, Humulin M3, Humalog Mix 25, Humalog Mix 50, Insuman Comb 25, Insuman Comb 50	Take half your usual morning dose	Take half your usual morning dose
Actrapid, Humulin S, Lispro, Insuman Rapid, Novorapid, Fiasp, Humalog, Apidra	Skip morning dose	Take half your usual morning dose. Skip your lunchtime dose

Insulin Pumps: Please inform staff if you are on an insulin pump as some procedures can interfere with the function of the pump.

Contact the diabetes team for advice on the appropriate insulin dose adjustments before your surgery.

AFTER YOUR OPERATION

After your operation, you will be offered food and drink when you feel able to eat. **Once you are eating and drinking normally, you should resume taking your normal diabetes medication from that meal onwards.** The healthcare team will be able to give you further advice on this.

AT HOME:

- You should **continue taking your usual diabetes medication (tablets or insulin) as advised** by your healthcare team.
- **Monitor your blood glucose levels** if you usually do so or have the equipment - up to 4 times per day if possible.
- Your blood glucose levels may be higher than usual for a day or so—this is not a worry unless you are feeling unwell.
- **If you become unwell**, especially if you are vomiting and unable to eat or take medication. Contact your usual diabetes team/GP surgery or local Out of Hours service for advice. Please ensure you let them know you just had surgery.

FOLLOW UP OF YOUR DIABETES CARE

You should be informed if you require further diabetes follow-up, either by your surgery or by a member of your Diabetes team.

If no follow-up is required, you will need to monitor your own diabetes and continue to attend your GP surgery for your usual appointments.

QUESTIONS?

You may use this space to write down any questions you would like to ask us



Grazed knee.
Sore throat.
Cough.
Stock your
medicine cabinet.

Self-care



Unwell?
Unsure?
GP surgery closed?
Need help?

NHS 111



Diarrhoea.
Runny nose.
Painful cough.
Headache.

Pharmacy



Vomiting.
Ear pain.
Stomach ache.
Back ache.

GP surgery



Choking.
Chest pain.
Blacking out.
Blood loss.

Stepping Hill Hospital
A&E or 999
Emergencies only

If you require the leaflet in large print, another language,
an audio tape or braille, Please contact:

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