

**Guidance for Diabetic Persons having an OGD or  
Bronchoscopy**

This guidance is provided to assist with your preparation for your endoscopic procedure. If you feel unclear about how to proceed after reading this information, please contact your diabetes specialist nurse, or practice nurse or general practitioner for personalised advice.

## Do I need to inform the endoscopy department?

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In preparing for your procedure it is important to inform the endoscopy department that you have diabetes; you may have already discussed this with the hospital doctor in clinic. If you are not sure we know about your diabetes phone 01225 821425 or 01225 821788 and ask to speak to a registered nurse.

We aim to place people with diabetes early on the endoscopy lists to avoid prolonged fasting. If you are having a gastroscopy (upper examination via the mouth) or bronchoscopy (examination of the lungs via the nose) your food choices are not affected.

This leaflet is for people with type 1 diabetes and type 2 diabetes who are on medication for their condition. If you have type 2 diabetes managed by diet alone you do not need to read this leaflet.

## Diabetes Treatments

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### What type of medication am I on?

- Oral diabetes medication (tablets): Metformin, Gliclazide / Gliclazide MR, Glibenclamide, Glipizide, Glimepiride, Pioglitazone, Sitagliptin, Saxagliptin, Vildagliptin, Lingalipitin, Acarbose, Repaglinide, Nateglinide, Dapagliflozin
- Long acting insulin: Lantus/Glargine, Levemir/Detemir
- Intermediate acting insulin: Insulatard, Humulin I, Insuman basal, animal isophane.
- Short acting insulin: Novorapid, Humalog, Apidra, Actrapid,

Humulin S, Insuman Rapid, animal neutral

- Mixed insulin: Novomix 30, Humulin M3, Humalog Mix 25 or 50, Insuman Comb 15, 25 or 50.
- Other injectable treatment (GLP-1): Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia), Bydureon
- If you are not clear on your insulin type or other diabetes medications please contact your diabetes specialist nurse, or practice nurse or general practitioner for personalised advice.
- If you have type 1 diabetes and are carbohydrate counting, you can continue this. Otherwise, you may need to reduce your dose of short-acting insulin. This can be discussed your diabetes specialist nurse, or practice nurse or general practitioner for personalised advice.

## The day before

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### How do I prepare for a gastroscopy or bronchoscopy?

- No change in diet or medications is required

## On the day of the procedure

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### If your procedure is in the morning:

- Do not eat any food after midnight (3 hours is enough if you are having a bronchoscopy)
- Drink clear fluids such as black tea or coffee, sugar-free squash or water up to 5 am

## If your procedure is in the afternoon:

- Eat breakfast before 7 am and take no food after this time
- Drink clear fluids such as black tea or coffee, sugar free squash or water up to 4 hours prior to the procedure
- When you travel to and from the hospital for your procedure carry some glucose tablets

## What to do if you have a 'hypo'?

- If you have any symptoms of a low blood sugar such as sweating, dizziness, blurred vision or shaking please test your blood sugar if you are able to do so
- If it is less than 4 mmol/L take 4 glucose tablets or 100 mls of the sugary drink (this is the same as half a standard sized can of non-diet cola) or 4-5 jelly babies. Please tell staff at the hospital that you have done this because it is possible that your endoscopy may have to be rearranged.

## Remember to bring with you to hospital:

- Glucose tablets
- Blood glucose testing equipment (if you usually monitor your blood glucose)
- The tablets or injections you usually take for your diabetes, and prescription if available

The following tables will guide you on how to adjust your diabetes medication ON THE DAY of your procedure.

If you are able to check your blood sugar, you should monitor this closely (eg on waking, on arrival at the hospital, after the procedure)

## What to do with your oral diabetes medications:

<b>Tablets</b>	<b>If your procedure is in the morning</b>	<b>If your procedure is in the afternoon</b>
<b>Metformin</b>	Omit your morning dose If only taken at this time, take this dose at lunchtime	Take your morning dose with breakfast Omit lunchtime dose (if taken)
<b>Sulphonylureas</b> Gliclazide /Gliclazide MR, Glibenclamide, Glipizide, Glimepiride	Omit your morning dose If only taken at this time, take this dose at lunchtime	Omit your morning dose
<b>Pioglitazone</b>	Delay until after the procedure	Take as normal
<b>Acarbose</b>	Omit your morning dose	Take your morning dose with breakfast Omit your lunchtime dose
<b>Meglitinide</b> (repaglinide or nateglinide)	Omit your morning dose	Take your morning dose with breakfast Omit your lunchtime dose
<b>DPP-IV inhibitors</b> (Sitagliptin, Saxagliptin, Vildagliptin, Linagliptin)	Omit your morning dose If only taken at this time, take this dose at lunchtime	Omit your morning dose
<b>Dapagliflozin</b>	Delay until after the procedure	Delay until after the procedure

## What to do with your injected medications:

Injections	If your procedure is in the morning	If your procedure is in the afternoon
<b>Once daily insulin ONLY (type 2 diabetes)</b> Glargine (Lantus) Levemir (Detemir) Insulatard Humulin I Insuman basal	Continue your usual dose*  *see below	Continue your usual dose*  *see below
<b>Twice daily mixed insulin</b> Novomix 30 Humalog Mix 25 or 50 Humulin M3 Insuman Comb 15, 25 or 50	Halve your usual morning dose. Resume your normal insulin regimen with your next meal.	Halve the usual morning dose.  Resume your normal insulin regimen with your next meal.
<b>Twice daily - separate injections of short-acting (e.g. animal neutral, Actrapid, Humulin S, Insuman rapid, Novorapid, Humalog, Apidra) and intermediate-acting (e.g. animal isophane, Insulatard, Humulin I, Insuman Basal)</b>	Calculate the total dose of both morning insulins and give half as intermediate-acting only in the morning.  Leave the evening meal dose unchanged.	Calculate the total dose of both morning insulins and give half as intermediate acting only in the morning  Leave the evening meal dose unchanged.
<b>Three times daily mixed insulin</b> Novomix 30 Humalog Mix 25 or 50 Humulin M3 Insuman Comb 15, 25 or 50	Halve your usual morning dose If you miss lunch do not take your lunchtime dose. Resume your normal insulin regimen with your next meal.	Halve your usual morning dose Omit lunchtime dose  Resume your normal insulin regimen with your next meal.
<b>Basal bolus regimens:</b> Combination of once or twice daily background (basal) long acting insulin with short-acting insulin at meal times (see page 1 for insulin types)	<b>Basal (long-acting):</b> Continue your normal dose*  <b>Short-acting:</b> Omit your morning dose  Resume with your normal insulin regimen with your next meal  *see below	<b>Basal (long-acting):</b> Continue your normal dose*  <b>Short acting:</b> Continue your normal morning insulin regimen. Omit lunchtime short-acting dose  *see below
<b>Exenatide (Byetta)</b>	Omit morning dose	Omit morning dose
<b>Liraglutide (Victoza)</b>	Delay until after procedure	Delay until after procedure
<b>Lixisenatide (Lyxumia)</b>		
<b>Bydureon</b>	Delay by one day if due	Delay by one day if due

\*If you normally graze through the day or normally eat snacks without taking extra insulin you should reduce this insulin dose by one third (eg if on 30 units normally, take 20)

## What if I have an insulin pump?

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- Maintain your usual basal rate, and only give boluses if you need to correct for a significantly elevated reading.
- If you have any concerns about hypoglycaemia, you can use a temporary basal rate that is 80% of your usual rate.
- You can contact your diabetes specialist nurse, or practice nurse or general practitioner for personalised advice.

