

FACT SHEET | SEPTEMBER 2023

Colonoscopy and type 2 diabetes

RSS Diabetes Service

An colonoscopy involves fasting, changes in your diet, physical activity levels, diabetes medications and may cause stress, anxiety and discomfort. These factors can also disrupt your usual blood glucose control and could result in hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose).

Preparing for a procedure and responding to changes to your blood glucose following your procedure can reduce your risk of infections. Your diabetes team can help you during your admission and support your safe discharge home.

How can I prepare for my procedure?

Please bring with you to the hospital:

- All your medications and a current list.
- Your blood glucose/ketone meter, continuous glucose monitor (CGM), relevant consumables, your glucose diary and/or CGM system report. In most instances, you can continue to use your own equipment and your diary.
- Your injecting device/s and additional consumables. You may like to use your own injecting device/s before or after your procedure.
- A copy of your *Hypoglycaemia Action Plan* and *Hyperglycaemia/Sick Day Action Plan*.

Continue to check your blood glucose. If you have low blood glucose, follow your *Hypoglycaemia Action Plan*. If you have high blood glucose, follow your *Hyperglycaemia/Sick Day Action Plan*.

Please ask a family member or friend to bring you. Do not drive yourself to your hospital admission.

I do not use diabetes medication. How does this affect me?

Usually there are no special requirements to follow.

Are there specific instructions for diabetes tablets and/or injectables?

Yes, a colonoscopy requires a bowel preparation, a 'low residue' or 'clear fluid diet' and a period of fasting. Specific instructions are required on those days and on the day of the procedure.

What to do when my bowel preparation begins?

For diabetes tablets and (non-insulin) injectables

- If you use a **sodium glucose co-transporter 2 (SGLT2) inhibitor** such as dapagliflozin (Forxiga[®]), dapagliflozin and metformin XR (Xigduo[®]), dapagliflozin and saxagliptin (Qtern[®]), empagliflozin (Jardiance[®]), empagliflozin and metformin (Jardiamet[®]) and empagliflozin and linagliptin (Glyxambi[®]): **stop taking this medication at least 3 days before your procedure** (e.g. two days prior and the day of the procedure).
- If you use other diabetes tablets and non-insulin injectables such as dulaglutide (Trulicity[®]), exenatide (Bydureon[®]) and liraglutide (Victoza[®]): **stop taking this medication when your bowel preparation begins** (e.g. fluids only).

For long acting (basal) insulin

- Continue your usual insulin dose/s OR
- Reduce your evening basal insulin dose by 20% if you have had recent overnight hypoglycaemia.

For pre-mixed insulin

- While eating and drinking is not restricted: continue your usual pre-mixed insulin doses.
- Reduce dose/s by 50% when restricted to 'low residue diet' OR 'clear fluids' only.

For co-formulation insulin

- While eating and drinking is not restricted: continue your usual pre-mixed insulin doses.
- Reduce dose/s by 50% when restricted to 'low residue diet' OR 'clear fluids' only.

For rapid acting (mealtime) insulin

- When restricted to a **low residue** diet two days prior to your procedure:
 - reduce your mealtime insulin bolus dose/s to match the carbohydrates in the meal to be eaten OR
 - reduce usual mealtime insulin bolus dose/s by 50%.
- When restricted to a **clear fluid** diet two days (modified) or one day (standard) prior to your procedure:
 - reduce your mealtime insulin bolus dose to match the carbohydrates in the meal to be eaten OR
 - reduce usual mealtime insulin bolus dose by 50%.

- Check your blood glucose every 2-6 hours from the time you wake until the time you arrive at the hospital.
- If you have low blood glucose, follow your *Hypoglycaemia Action Plan* and use clear apple juice, sugar containing cordial or jelly (avoid red, blue or orange jelly) for treatment.
- If you have high blood glucose, follow your *Hyperglycaemia/Sick Day Action Plan* which may include a correction bolus insulin dose and blood ketone testing instructions.

What to do on the day of the procedure?

For diabetes tablets and (non-insulin) injectables

- Do not take your diabetes tablets.
- Do not administer your non-insulin injectables.

For long acting (basal) insulin

- Continue your usual insulin dose/s.

For pre-mixed insulin

- If your procedure is in the morning, you will be fasting from 6:00am: reduce your usual breakfast dose by 50%.
- If your procedure is in the afternoon, you will be fasting from 11:00am after a clear fluid breakfast: reduce your usual breakfast dose by 50%.

For co-formulation insulin

- If your procedure is in the morning, you will be fasting from 6:00am: do not take your usual breakfast dose.
- If your procedure is in the afternoon, you will be fasting from 11:00am after a clear fluid breakfast: reduce your usual breakfast dose by 50%.

For rapid acting (mealtime) insulin

- If your procedure is in the morning, you will be fasting from 6:00am: do not take your breakfast insulin bolus dose as you will not be eating.
- If your procedure is in the afternoon, you will be fasting from 11:00am after a clear fluid breakfast: reduce your usual breakfast dose by 50%.

- Check your blood glucose every 2-6 hours from the time you wake until the time you arrive at the hospital.
- If you have low blood glucose, follow your *Hypoglycaemia Action Plan* and use clear apple juice, sugar containing cordial or jelly (avoid red, blue or orange jelly) for treatment.
- If you have high blood glucose, follow your *Hyperglycaemia/Sick Day Action Plan* which may include a correction bolus insulin dose and blood ketone testing instructions.

What will happen when I am admitted?

Please inform medical and nursing staff of any of the following:

- hypoglycaemia and treatment used
- hyperglycaemia and action taken.

The medical and nursing staff will check your blood glucose. If your blood glucose is above 10.0mmol/L, a correction bolus insulin dose may be used to return your blood glucose levels to target, aid recovery and assist your body to fight infection.

Where possible, self-care of your injecting device/s are encouraged and supported. Regional hospitals require people with type 2 diabetes using injecting devices to use the supplied safety pen needles. Your medical and nursing staff need to know what insulin devices you are using so that they can prevent complications and assist you in your recovery.

What will happen after my procedure?

Your diabetes tablets, non-insulin injectables and/or insulin injections will be restarted as soon as possible after your procedure. This is usually when you are comfortably eating and drinking again.

What support do I have on discharge?

The medical and nursing staff will assist you to restart your medications and plan your discharge. They will also be available after you are discharged home to monitor your recovery and discuss any concerns that you may have.

Your diabetes team are available to discuss your return to your usual diabetes management or provide alternative instructions. If required, your diabetes team can arrange a follow up appointment to review your diabetes management after discharge.

Please ask a family member or friend to take you home. Do not drive yourself.

Additional information

Where can I get more information?

- Diabetes Australia
- National Diabetes Services Scheme
- Juvenile Diabetes Research Foundation
- My D (for under 25s)

www.diabetesaustralia.com.au

www.ndss.com.au

www.jdrf.org.au

www.ndss.com.au/MyD

For more information

Rural Support Service

Diabetes Service

PO Box 3017, Rundle Mall

ADELAIDE SA 5000

Email: Health.DiabetesService@sa.gov.au

www.chsa-diabetes.org.au

www.sahealth.sa.gov.au/regionalhealth

Public-I3-A2

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