



**The Leeds
Teaching Hospitals**
NHS Trust

Information for patients with diabetes undergoing surgery

This leaflet gives you information on how to manage your diabetes medication when coming into hospital for an operation.

Please follow the instructions in the tables on pages 4-12

If your operation is in the morning:

- Do not eat any food after midnight.
- Drink water only up to 6am.

If your operation is in the afternoon:

- Eat breakfast before 7am and take no food after this time.
- Drink water only up to 10am.
- When you travel to and from the hospital for your operation carry some glucose tablets or a sugary drink.

Before your admission to hospital

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 four glucose tablets or 150 mls of a sugary drink (this is the same as half a standard sized can of non-diet cola). Please tell staff at the hospital that you have done this.

During your stay on the admissions lounge

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 your blood sugar is less than 4 mmol/L please tell a member of staff.

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 tablets. However, your blood glucose levels may be higher than usual for a day or so.

If you have any concerns about your diabetes care/control of your blood sugars, either before or after your operation please contact your usual diabetes team.

If you are in the Leeds area, or are unable to contact your usual team please contact:

The Leeds Teaching Hospitals Diabetes Helpline

Tel: **0113 206 5068** during office hours Monday - Friday.
Outside these hours please contact your GP practice or out of hours service.

Remember to bring the following with you to hospital:

- Blood glucose testing equipment (if you usually monitor your blood glucose).
- The tablets/injections you usually take for your diabetes.
- Instructions for taking your diabetes medication before your operation.

What to do with your medication before surgery

Tablets			
Tablets	Day before your surgery	Day of surgery	
		Morning surgery	Afternoon surgery
Acarbose	Take as normal	Do not take your morning dose	If eating breakfast - take your morning dose. Do not take your lunchtime dose
DPP-IV inhibitors <i>These include;</i> Sitagliptin, Saxagliptin, Vildagliptin, Linagliptin Alogliptin	Take as normal	Take as normal	Take as normal
Meglitinide Repaglinide	Take as normal	If you have been told to fast from midnight - do not take your morning dose	Only take your morning dose if eating breakfast. Do not take your lunchtime dose.

Tablets, continued

Tablets	Day before your surgery	Day of surgery	
		Morning surgery	Afternoon surgery
Metformin*	Take as normal	Take as normal	Take as usual in the morning but do not take your lunchtime dose
Pioglitazone	Take as normal	Take as normal	Take as normal
SGLT2 inhibitors <i>These include;</i> Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin Vokanamet®, Xigduo®	Do not take your tablets	Do not take your tablets	Do not take your tablets
Sulphonylureas <i>These include;</i> Glibenclamide, Glipizide, Gliclazide, Glimepiride	Take as normal	If you have been told to fast from midnight do not take your morning dose	Do not take your tablets

*If contrast medium is to be used and eGFR less than 60ml/min/1.73m², metformin should be omitted on the day of the procedure and for the following 48 hours.

Combination products

Combination product	Day before surgery	Day of surgery
Metformin+ pioglitazone Competact®	Continue	Continue
Metformin+ DPP-IV Inhibitors <i>These include:</i> Eucreas® Janumet® Jentaduetto® Komboglyze® Vipdomet®	Continue	Continue
Metformin+ SGLT-2 Inhibitors <i>These include:</i> Synjardy® Vokanamet® Xigduo®	Do not take your tablets	Do not take your tablets
SGLT-2 Inhibitors + DPP-IV Inhibitors <i>These include:</i> Glyxambi® Qtern®	Do not take your tablets	Do not take your tablets

Injections

Injections	Day before your surgery	Day of surgery	
		Morning surgery	Afternoon surgery
GLP-1 analogues <i>These include;</i> Exenatide, Liraglutide, Victoza®, Semaglutide, Tirzepatide, and Bydureon®	Take as normal	Take as normal	Take as normal
Intermediate and long acting Insulin <i>These include; Abasaglar, Humulin I, Insuman Basal, Lantus, Levemir, Semglee, Toujeo, Tresiba, Suliqua, Xultophy</i>			
If you inject once a day on a MORNING	Inject as normal	Give 80% of your usual dose in the morning before surgeryunits	
If you inject once a day at LUNCHTIME	Give 80% of your usual dose at the usual time you inject units	Give full dose (usual dose) of insulin after your surgery once eating and drinking	
If you inject once a day in an EVENING		Give full dose (usual dose) of insulin after your surgery once eating and drinking	

Injections, continued

Injections cont.	Day before surgery	Day of surgery
<p>If you inject twice a day</p>	<p>Inject your morning dose as usual but only inject 80% of usual evening doseunits</p>	<p>Give 80% of your usual dose in the morning before surgeryunits</p> <p>Take your full (usual) dose after your surgery once eating and drinking</p>

Twice daily injections of pre-mixed insulin

Injections cont.	Day before surgery	Day of surgery
<p><i>These include:</i> Humalog Mix 25, Humalog Mix 50, Humulin M3, Hypurin porcine (30/70mix), Insuman Comb 25, Insuman Comb 50, Novomix 30</p>	<p>Inject as normal</p>	<p>Give 50% of your usual dose in the morning before surgeryunits</p> <p>Take your full (usual) dose after your surgery once eating and drinking</p>

Three times a day injections of pre-mixed insulin

Injections cont.	Day before your surgery	Day of surgery	
		Morning surgery	Afternoon surgery
<p><i>These include:</i> Humalog Mix 25, Humalog Mix 50, Humulin M3, Hypurin porcine (30/70mix), Insuman Comb 25, Insuman Comb 50, Novomix 30</p>	<p>Take as normal</p>	<p>Give 50% of your usual dose in the morning before surgery units</p> <p>DO NOT TAKE A LUNCHTIME DOSE</p> <p>Take your full (usual) dose after your surgery once eating and drinking</p>	<p>Take your usual morning dose.</p> <p>DO NOT TAKE A LUNCHTIME DOSE</p> <p>Take your full (usual) dose after your surgery once eating and drinking.</p>

Twice daily (separate) injections of a short acting insulin AND an intermediate acting insulin

Injections cont.	Day before your surgery	Day of surgery
<p>These include:</p> <p>Short acting insulin: Actrapid, Apidra, Humalog, Humulin S, Insuman rapid, Novorapid</p> <p>Intermediate acting insulin: Humulin I, Insulatard, Insuman basal, Isophane insulin</p>	Take as normal	<p>Give 80% of your morning intermediate acting insulin only units</p> <p>Take your full (usual) dose after your surgery once eating and drinking.</p>

Basal bolus regimen

Injections cont.	Day before your surgery	Day of surgery	
		Morning surgery	Afternoon surgery
<p><i>This includes:</i> three or more injections of short acting insulin with one or two injections of intermediate/ long acting insulin as part of a basal bolus regimen</p>	<p>Take as normal</p>	<p>DO NOT TAKE your morning or lunchtime dose of short acting insulin.</p> <p>If intermediate/ long acting insulin taken on a morning give 80% of your usual doseunits</p>	<p>Take your usual dose of short acting insulin in the morning.</p> <p>DO NOT TAKE YOUR LUNCHTIME DOSE.</p> <p>If intermediate/ long acting insulin taken on a morning give 80% of your usual doseunits</p>

Humulin R U500 insulin

Patients using Humulin R U500 will be given personalised advice from the diabetes team.

If you have not heard from the diabetes team before your operation date, please contact the Leeds Teaching Hospitals Diabetes Helpline on 0113 206 5068.

Continuous subcutaneous insulin infusion pumps

Insulins	Day before admission	Day of surgery
<p>Continuous subcutaneous insulin infusion pump (CSII) / Hybrid Closed Loop (HCL)</p> <p><i>These include:</i></p> <p>Medtronic, Roche, Omnipod</p>	<p>No dose change</p>	<p>No change in basal rate.</p> <p>In certain circumstances, you may be asked to reduce your basal rate by 80%</p> <p>Please know this is temporary.</p> <p>If you are to reduce your rate, your new rate is</p> <p>Only change your rate if advised to do so by a member of our diabetes team</p>



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