



Patient Information Sheet

Adults with diabetes undergoing surgery

Introduction

You have been given this leaflet because you have diabetes and are having surgery. This information will explain the importance of managing your diabetes around surgery and provide advice on what to do with your medication before and after the operation.

If after reading this you have any questions or concerns, please speak to a member of the healthcare team or ask to be referred to the Diabetes Inpatient Nursing Team.

Diabetes management

- With proper planning, any changes made should not upset your diabetes management. Patients whose diabetes is well managed before their operation are less likely to have complications such as infections after surgery.
- Blood glucose control can be trickier before an operation as you are required to fast (stop eating or drinking for a short period). **Please read the leaflet given to you by your pre-assessment nurse on 'Fasting'.**
- Some types of diabetes medication may also need to be stopped before surgery.
- If you take **Diabetes tablets or injectables**, the dose you take may need to be changed before your procedure. The nurse will provide you with any specific instructions.
- If you are not prescribed medication for your diabetes, you do not need to make any changes unless specifically advised to do so.
- **If you are undergoing surgery for weight loss, please make sure you tell the team if you will be doing the liver reduction diet before your surgery.**

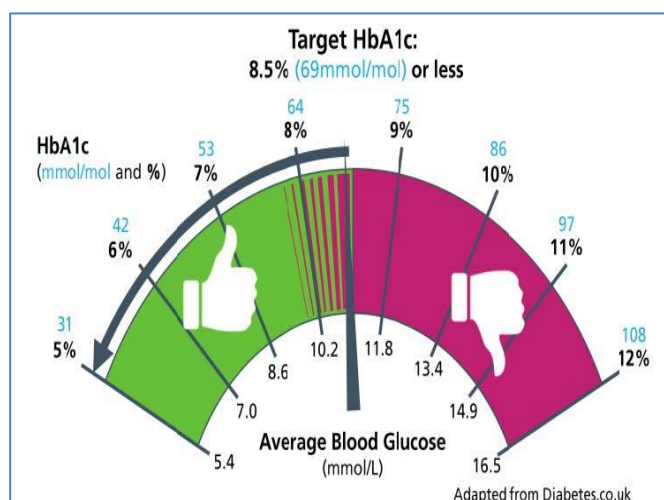
Blood glucose management

HbA1c is a blood test that gives an overall picture of your blood glucose levels over the past 3 months. **Your HbA1c should be 69 mmol/mol or less before your operation.** Some operations may have a lower HbA1c target.

Your HbA1c will be checked at your pre-operative assessment and the results will be given to you by the nurse. A high result may result in your surgery/procedure being postponed until it improves.

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

In some circumstances, insulin may need to be given via a vein. Your blood glucose will be checked hourly during this time. Normal medication can be resumed as soon as you feel well enough to eat and drink again.



After surgery:

- **Good glucose** management will improve healing.
- **High blood** glucose increases the risk of an infection and may lead to less favourable outcomes.

Hypoglycaemia

If you have a reading below 4mmol/L, this is called a 'hypo' and you may experience the following symptoms:

- Sweating.
- Shakiness
- Dizziness.
- Blurred vision.
- Headache.
- Fatigue.
- Confusion.
- Weakness.

Some people do not get symptoms, or only experience symptoms at readings much higher than 4mmol/L. This is called 'Impaired hypo awareness'. Please let staff know if you do not feel your hypos.

If your glucose level is below 4mmol/l, (this must be confirmed on a glucose meter), you need to take fast acting glucose (15-20g carbohydrate, even if you feel well).

If you are fasting, it is recommended that you use a clear glucose juice (Lift juice) or 150 – 200 ml of clear apple fruit juice.

Check your blood glucose again in 10-15 minutes and if still below 4mmol/L repeat your treatment if needed.

Check again until your blood glucose is above 4mmol/L. Please let the staff know that you have done this when you arrive at the hospital.

Preparing for your surgery/procedure

Morning Surgery preparation timetable		☐
If you take any medication, the Pre- Assessment Nurse will advise you of the medication that should be taken at home on the morning of the day of your admission and surgery/procedure.		
From 6.00am onwards on the day of surgery.	- Please monitor your blood glucose every 2 hours before you arrive at hospital. Bring your record with you. - If you are driving, please check your blood glucose just before you start your car and only drive if your blood glucose is more than 5 mmol/L. - If you have an insulin pump, additional information will be given to support with your admission.	
Up to 2.30am the morning of your surgery.	You can have food and any other drink (tea, coffee, milk, juice etc.) until 02.30am.	
From 2.30am until leaving home to come to hospital.	You may drink clear fluids such as water, well diluted squash, and black tea or coffee (a small dash of milk is ok).	
Arrive at the hospital between 7.00am and 8.00am.	Please bring all your regular medicines with you in the original containers. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. A pharmacy bag is provided for your medicines	
On the ward whilst waiting for theatre.	- You can sip from a glass of water until you are called for theatre (max 170ml per hour). You must not use personal bottles or water jugs. - If you are not allowed to sip water on the ward, you will be advised on your arrival. Please do not suck any sweets or gum.	

Afternoon Surgery preparation timetable		☐
If you take any medication, the Pre- Assessment Nurse will advise you of medication that should be taken at home on the day of your admission and surgery/procedure.		
From 6.00am onwards on the day of surgery.	- Please monitor your blood glucose every 2 hours before you arrive at hospital. Bring your record with you. - If you are driving, please check your blood glucose just before you start your car and only drive if your blood glucose is more than 5 mmol/L. - If you have an insulin pump, additional information will be given to support with your admission.	
At home before 7.00am on the day of admission of your surgery.	You can have a light early breakfast before 7.00am on day of admission, such as 2 slices of toast or a bowl of cereal with a cup of tea or coffee.	
From 7.00am until you leave home to come to hospital.	Please make sure that once you have had your breakfast you do not eat anything after 07.00am. You may drink clear fluids such as water, well diluted squash, and black tea or coffee (a small dash of milk is ok).	
Arrive at the hospital between 11.00am and 12 noon.	Please bring all your regular medicines with you in the original containers. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. A pharmacy bag is provided for your medicines	
On the ward whilst waiting for theatre	- You can sip from a glass of water until you are called for theatre (max 170ml per hour). You must not use personal bottles or water jugs. - If you are not allowed to sip water on the ward, you will be advised on your arrival. Please do not suck any sweets or gum.	

Checklist of what to bring with you to hospital

• This leaflet.	☐
• Hypo treatments.	☐
• Blood glucose testing equipment.	☐
• Diabetes medication (e.g., tablets, insulin) that you usually take for your diabetes. Use the pharmacy bag provided.	☐
• A supply of insulin needles (if you take insulin or other injectable treatment).	☐

After your surgery

- 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.
- If you are undergoing surgery for weight loss, your diabetic medication will be reviewed by the surgical team after your surgery. The healthcare team will be able to give you further advice on this.

At home

- Continue to take 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. Do this up to 4 times per day if possible before meals and before bed.
- Your blood glucose levels may be higher than usual for a day or so, but there is no need to worry unless you are feeling unwell.
- If you become unwell, especially if you are vomiting, make sure you know how to look after yourself and your diabetic medicines. This is known as 'Sick Day Rules'. If you are worried about your symptoms or unsure what to do, contact your usual diabetic team.

Follow up on your diabetes care

You will be informed if you require further diabetes follow-up by your surgeon or by a member of your Diabetes team.

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

Please use this space to write down any notes or questions you have.
