

# Information for patients (taking PLENVU as bowel preparation) with diabetes coming to hospital for a gastroscopy, colonoscopy, or flexible sigmoidoscopy

## Information for patients from the Trust's Endoscopy Units

**Table A: Gastroscopy and Type 1 Diabetes and Type 2 on insulin**

On the day before your morning procedure	On the day of your afternoon procedure
<ul style="list-style-type: none"> <li>• Those who take ***long-acting insulin in the morning take as normal and if taken in the evenings reduce the dose by 20%.</li> </ul> <p><b>On the day of your morning procedure</b></p> <ul style="list-style-type: none"> <li>• Do not take your morning *rapid/short-acting insulin.</li> <li>• Take half of your morning dose of **mixed insulin.</li> <li>• Restart your usual dose of *rapid/short-acting insulin with lunch.</li> <li>• If you are on three times a day of **mixed insulin reduce your lunch time dose by half.</li> <li>• Reduce ***long-acting morning insulin by 20%.</li> <li>• Restart your usual insulin doses with your evening meal.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce your *rapid/short-acting insulin by 20% with an early breakfast.</li> <li>• Take half your morning **mixed insulin with an early breakfast.</li> <li>• Do not take the *rapid/short-acting or **mixed insulin at lunch time.</li> <li>• If on morning ***long-acting insulin reduce your dose by 20%.</li> <li>• If on ***long-acting insulin in the evening take your usual dose in the evening.</li> <li>• Restart all your usual doses of insulin with your evening meal.</li> </ul>



**Table B: Gastroscopy and Type 2 Diabetes: taking tablets**

For patients having a morning procedure	For patients having an afternoon procedure
<ul style="list-style-type: none"><li>• If you have been prescribed tablets from <b>group 1****</b> take your tablets as normal on the day of your procedure.</li><li>• If you have been prescribed tablets from <b>group 2*****</b> do not take your normal morning dose on the day of your procedure.</li><li>• Continue medications as normal with your next meal after your procedure.</li></ul>	<ul style="list-style-type: none"><li>• If you have been prescribed tablets from <b>group 1****</b> take your tablets as normal on the day of your procedure.</li><li>• If you have been prescribed tablets from <b>group 2*****</b> do not take your morning dose on the day of your procedure.</li><li>• Continue medications as normal with your next meal after your procedure.</li></ul>

**Gastroscopy patients with Type 2 Diabetes taking tablets and insulin following tables A and B**

**Table C: Colonoscopy/Flexible sigmoidoscopy and Type 2 Diabetes: taking tablets**

For patients having a morning or afternoon procedure
<ul style="list-style-type: none"><li>• Take your tablets as normal with breakfast on the day before your procedure.</li><li>• If you take a lunch time dose, then take this as prescribed.</li><li>• Do not take again until you have your first meal after your procedure; then take as normal.</li></ul>

**Colonoscopy/flexible sigmoidoscopy patients with Type 2 Diabetes taking tablets and insulin follow tables C and D**

**Table D: Colonoscopy/Flexible sigmoidoscopy and Type 1 and Type 2 Diabetes: taking insulin**

For patients having a morning procedure	For patients having an afternoon procedure
<ul style="list-style-type: none"> <li>• <b>On the day before your procedure</b> take half of your *short-acting/rapid insulin with breakfast. Do not take again until after your procedure.</li> <li>• Take half of your **mixed insulin with breakfast. Do not take again until after your procedure.</li> <li>• If you take your ***long-acting insulin in the evening, then reduce the dose by 20%.</li> <li>• <b>On the day of your procedure</b> do not take morning *short-acting/rapid insulin. Restart with lunch.</li> <li>• If on three times a day **mixed insulin then take half your dose with lunch. If on twice daily **mixed insulin take your usual dose with your evening meal.</li> <li>• If taking a ***long-acting insulin in the morning reduce the dose by 20%, then if on twice daily dose take your usual dose in the evening.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>On the day before your procedure</b> take half your *short-acting/rapid insulin with breakfast and half with lunch. Do not take again until after your procedure.</li> <li>• Take half of your **mixed insulin with breakfast and lunch (if you are on three times a day insulin). Do not take again until after your procedure.</li> <li>• If you take your ***long-acting insulin in the evening, then reduce the dose by 20%.</li> <li>• <b>On the day of your procedure</b> do not take any *short-acting/rapid or **mixed insulins in the morning or at lunch time.</li> <li>• If on a ***long-acting insulin in the morning reduce this by 20%.</li> <li>• Restart your usual doses of *short-acting/rapid and **mixed insulins with your evening meal.</li> <li>• If on ***long-acting insulin in the evening, take your usual dose.</li> </ul>

**\*Rapid/Short-acting insulin with meals three times a day** - NovoRapid, Apidra and Humalog, Humulin S, Humalog 200, Insuman Rapid, FIASP

**\*\*Mixed insulins twice a day** - NovoMix 30, Humulin M3, Humalog Mix 25 or 50, Insuman Comb 15, 25, and 50

**\*\*\*Long-acting insulin** - Lantus, Levemir, Toujeo, Degludec, Abasaglar, Insulatard, Humulin I

**\*\*\*\*Group 1 tablets (to continue while not eating only if having a gastroscopy)** - Metformin/ Glucophage MR, Pioglitazone, Sitagliptin, Saxagliptin, Alogliptin, Linagliptin

**\*\*\*\*\*Group 2 tablets (to stop until you eat after your procedure)** - Acarbose, Glibenclamide, Glipizide, Glicazide/Gliclazide MR, Glimepiride, Dapagliflozin, Canagliflozin, Repaglinide/Nateglinrole, Empagliflozin

Those injecting Bydureon/Liraglutide/Byetta/Victosa, continue as normal unless missing more than one meal then stop until eating normally.

## What is a 'hypo'?

Glucose is a sugar carried in the bloodstream that your body uses for energy. If you have diabetes, your blood glucose levels can be erratic, sometimes becoming very low - this is called hypoglycaemia (or a 'hypo') and can happen when your blood glucose levels drop below 4mmols, which is caused by not eating enough and having too much insulin.

## What are the symptoms of hypoglycaemia?

Early signs and symptoms of a hypo include sweating heavily, feeling anxious, trembling and shaking, tingling of your lips, hunger, going pale, and palpitations (irregular heartbeats). Symptoms vary from person to person but you will feel 'different' very quickly.

If you miss these early signs, the symptoms may get worse and include slurring your words, behaving oddly, being unusually aggressive or tearful, and having difficulty concentrating. If you do not treat your hypo at this stage you may become unconscious.

## How should I treat a hypo?

If you recognise that you are having a hypo, you should treat it immediately with something that will raise your blood glucose quickly. Suitable treatments are:

- 150 ml (a small can) of non-diet fizzy drink
- 200 ml (a small carton) of smooth orange juice; or
- if nil by mouth (not eating or drinking) four to five GlucoTabs or five to six dextrose tablets.

If you do not feel better (or your blood glucose level is still less than four mmol/L after five to 10 minutes) repeat one of these treatments.

When you start to feel better, and if you are not due to eat a meal, eat some starchy food, such as a sandwich or a banana.

If you are not able to treat your hypo yourself, but you are still conscious and able to swallow, ask someone to give you glucose gel if you have any available.

**If you become unconscious you will need emergency treatment immediately. Someone will need to dial 999 for an ambulance and put you on your side with your head tilted back. Glucose treatments should not be put in your mouth.**

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)