

## **PATIENT DIABETES MEDICINE INSTRUCTIONS FOR ENDOSCOPY PROCEDURES**

### **General:**

- Patients who take daytime insulin should be booked as early as possible
- Patients who take medications which put them at risk of hypoglycemia (any sulfonylurea or insulin – see tables below) need to be able to check their blood glucose during the preparation phase of the endoscopy. Patients experiencing hypoglycemia should take either clear juice or glucose tablets (equivalent to 15 g glucose), even if you have been instructed to having nothing by mouth.
- For more on hypoglycemia and its treatment see <http://guidelines.diabetes.ca/cpg/chapter14>.

### **Preparation Phase:**

- Efforts should be made to minimize extremes of blood glucose – both hyper- and hypoglycemia
- Efforts should be made to minimize dehydration, which can lead to hyperglycemia
- Patients should be taking some fluids with glucose (juice, regular soda, Boost / Ensure / Glucerna – if allowed) and some fluids without glucose (water, herbal tea).
- Patients on any sulfonylurea or insulin should check their blood glucose on rising on the morning of the procedure, and at 2-3hour intervals until their procedure and treat any blood glucose less than 5 mmol/L as mentioned above.

**FOR SPECIFIC DRUG INSTRUCTIONS FOR THE DAY BEFORE AND THE DAY OF YOUR PROCEDURE, PLEASE REVIEW TABLES ON THE FOLLOWING PAGES AND FOLLOW THE INSTRUCTIONS THAT PERTAIN TO YOUR MEDICINE(S).**

## NON-INSULIN DRUGS (Oral medication)

If you are on more than one kind of non-insulin medication, or take both an insulin and non-insulin medication, please locate each drug name and follow the instructions for each medication.

| Drug Class<br>(risk of hypoglycemia) | Generic name  | Trade name(s)                  | Instructions DAY BEFORE procedure  | Instructions DAY OF procedure                                  |
|--------------------------------------|---------------|--------------------------------|--|--|
| Sulfonylurea<br>(yes)                | gliclazide    | Diamicon<br>Diamicon MR        | Take as usual  | <b>Hold morning dose;</b><br>take afternoon / evening dose (*) |
|                                      | glyburide     | Diabeta                        |  |  |
| Biguanide                            | metformin     | Glucophage<br>Glumetza         | <b>Hold</b>  | <b>Hold morning dose;</b><br>take afternoon / evening dose     |
| TZD                                  | pioglitazone  | Actos                          | Take as usual  | <b>Hold dose;</b><br>take next day as usual                    |
| DPP-IV inhibitor                     | sitagliptin   | Januvia<br>Janumet             | Take as usual  | <b>Hold morning dose;</b><br>take afternoon / evening dose (*) |
|                                      | saxagliptin   | Onglyza<br>Kombiglyze<br>Qtern |  |  |
|                                      | linagliptin   | Trajenta<br>Jentadueto         |  |  |
| SGLT-2 inhibitor                     | cangliflozin  | Invokana<br>Invokamet          | <b>Hold</b>  | <b>Hold dose;</b><br>take next day as usual                    |
|                                      | dapagliflozin | Forxiga<br>Xigduo              |  |  |
|                                      | empagliflozin | Jardiance<br>Synjardy          |  |  |
| GLP-1 receptor analogues (injection) | liraglutide   | Victoza<br>Saxenda             | <b>Hold</b>  | <b>Hold dose;</b><br>take next day as usual                    |
|                                      | exenatide     | Byetta                         |  |  |
|                                      | dulaglutide   | Trulicity                      | If weekly injection is due either day, omit that dose and resume immediately after the procedure; then continue usual weekly dosing schedule |  |
|                                      | semaglutide   | Ozempic                        |  |  |

(\*) if taken only once a day, omit dose day of procedure and resume next day; alternatively, if procedure is over early in the day, that day's dose could be taken with a late breakfast /early lunch.

## INSULIN DRUGS

If you are on more than one kind of insulin, or take both an insulin and non-insulin medication, please locate each drug name and follow the instructions for each medication.

| Insulin Class       | Generic name | Trade name (s)   | Instructions DAY BEFORE procedure  | Instructions DAY OF procedure  |
|---------------------|--------------|--|--|--|
| Rapid acting (#)    | aspart       | Novo-Rapid<br>FiAsp  | Take appropriate amount with each carbohydrate (liquid) meal – if unsure <b>start with 60% of usual meal-time dose</b>                     | <b>Hold morning dose;</b> resume with next meal (lunch / supper)   |
|                     | glulisine    | Apidra   |  |  |
|                     | lispro       | Humalog<br>Humalog 200   |  |  |
| Fast acting         | Regular      | Humulin R<br>Novolin Toronto<br>Entuzity (^)                   |  |  |
| Intermediate acting | NPH          | Humulin N<br>Novolin NPH                                       | If taken in <b>morning</b> , <b>take 60% of usual dose;</b><br>if taken in <b>evening</b> (supper / bedtime) <b>take 80% of usual dose</b> | <b>Hold morning dose;</b> resume with next scheduled dose (supper / bedtime)                                 |
| Mixed               | Mixed        | Humulin 30/70<br>Humalog Mix 25<br>Novolin 30/70<br>NovoMix 30 |  |  |
| Long acting         | detemir      | Levemir  | <b>Take 80% of usual dose</b> at usual time  | <b>If taken in morning Hold</b> until after procedure and take then; otherwise take usual dose at usual time |
|                     | glargine     | Basaglar<br>Lantus<br>Toujeo                                   |  |  |
|                     | degludec     | Tresiba 100<br>Tresiba 200                                     |  |  |

(#) for patients on insulin pumps (usually using a rapid acting insulin only) maintain usual basal rate throughout, bolus appropriate amount with each carbohydrate (liquid) meal. Check blood glucose often. Review treatment of hypoglycemia.

(^) for patients on Entuzity, a discussion with your endocrinologist is recommended