

# Peri-op Management in Diabetes

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THE ROLE OF THE GP



# Why is it important

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- It is not uncommon for patients with T2D to undergo either a surgical procedure or surgical operation
- These patients may be on a combination of different classes of anti-diabetic agents and peri-operative management can be complicated
- Patients are often admitted on the day of the operation/procedure and discharge early post op. Thus, the perioperative period is often managed in primary care
- It is vital for the GP team to be skilled in perioperative management in patients with diabetes



Should the procedure even go ahead?

Patients with suboptimal glycaemic control are at higher risk of complications during and after a procedure or operation.

The time between decision for surgery and surgery date should be used to:

- Optimise glycaemic control
- Screen for complications
- Make adjustments to the medication regimen if necessary
- Assess patient's self-management capacity

# Postponement

Consider postponement of the procedure and referral for specialist advice if:

- HbA1c > 9.0% (particularly if glycaemic management is complex)
- BGL is unstable with hypos and/or BGL >15 mmol/L

Consider referral to an endocrinologist or CDE

## Carer and self care issues

### **Consider:**

- Who will look after the patient during the bowel preparation?
- Can patient perform the regular and frequent SMBG?
- Who will look after the patient in the first 24 hours post operatively?
- Can the patient prepare the foods in the peri-operative period?
- Written instructions

# Colonoscopy

- Altered calorie intake
- Altered physical activity
- Difficult fluid balance
- More challenging in patients with
  - Renal impairment
  - Advanced age
  - On diuretics
  - Insulin
- Sugars can either be too high or too low

Some patients may need hospitalisation for their bowel prep.



# Medication adjustment

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- Some orals need to be omitted while others can continue
- All SGLT2 inhibitor need to be ceased 72 hours prior to colonoscopy and recommenced 1-2 days post colonoscopy
- Complete schedule is on the **healthpathways site**


## Bowel preparation for colonoscopy

1. Review the special considerations of oral agents when setting up a bowel preparation plan:

- [Metformin](#) ✓
- [Sulphonylureas \(Diamicon, Amaryl, Glyade\)](#) ✓
- [Glitazones \(Actos, Avandia\)](#) ✓
- [Acarbose \(Glucobay\)](#) ✓
- [DPP4 inhibitors \(Januvia, Trajenta, Galvus, Onglyza, Nesina\)](#) ✓
- [SGLT2 inhibitors \(Forxiga, XigDuo, Jardiance, Jardiamet\)](#) ✓

2. Consider recommended preparation procedures for patients who are:

- [on oral medications only](#) ✓.
- [on insulin +/- oral medications +/- GLP1-RA injections](#) ✓.

3. Consider completing the [Medication Adjustment Form](#)  with the patient to outline preparation regimen.

4. See also [Insulin - Adults with Type 2 Diabetes](#).

## Metformin, renal function and IV administration of iodinated contrast media<sup>1</sup>

Intravenous (IV) administration of iodinated contrast media in patients on metformin may cause deterioration of renal function. The risk of lactic acidosis following IV contrast administration is very low in patients with normal renal function.

Adjust metformin dose according to the following:

- $eGFR > 30 \text{ ml/min/1.73 m}^2$  – continue metformin as usual.







Thank  
you

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