

People with blood glucose levels between 100 - 180 mg/dL before, during and after a procedure have better results, heal faster, and have fewer wound infections.

As soon as your procedure is scheduled, tell your doctor who treats your diabetes.

- If your blood glucose is often over 180 mg/dL, your diabetes medicine may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may be changed.
- If you use an insulin pump, ask for instructions about any changes needed with the team managing your insulin pump.

If you are taking a GLP-1 (non-insulin) weekly injection medication:

Stop taking **7 days** before your procedure.

Examples are:

- Exenatide ER (Bydureon Bcise) *-injection*
- Dulaglutide (Trulicity) *-injection*
- Lixisenatide (Adlyxin) *- injection*
- Semaglutide (Ozempic, Wegovy) *- injection*
- Tirzepatide (Mounjaro, Zepbound) *-injection*

*Please note the above medication list is not all-inclusive.

If you are taking a SGLT2i or Biguanide or Sulfonylurea medication:

Stop taking **2 days** before your procedure, to protect your kidneys:

Examples are:

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)
- Bexagliflozin (Brenzavvy)
- Glucophage (Metformin)
- Glyburide (Glynase PresTab)
- Glipizide (Glucotrol)
- Glimepiride (Amaryl)

*Please note the above medication list may not be all-inclusive. This drug may be in combination another medication under a different name.

The morning of your procedure:

- Do not take any **medications for Diabetes by mouth** (oral) the morning of your procedure.

Examples are:

- Sitagliptin (Januvia, Zituvio)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Alogliptin (Nesina)
- Pioglitazone (Actos)
- Semaglutide (Rybelsus)

- Do not take **daily injectable GLP-1 (non-insulin) medication.**

Examples are:

- Exenatide (Byetta)
- Liraglutide (Victoza)

Do not take combination daily injectable GLP-1 and insulin.

Examples are:

- Soliqua (iGlarLixi)
- Xultophy (IDegLira)

*Please note the above medication list may not be all-inclusive.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do NOT take an insulin injection, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, change your insertion set(s) away from the procedure site. Continue usual bolus doses and basal rates unless your healthcare provider tells you otherwise. Pack extra supplies for your hospital stay. You may continue using your CGM, however fingerstick blood glucose checks will be done for safety as part of your care.
- If your blood glucose is under 70 mg/dL or 80 mg/dL and you have symptoms like fast heartbeat, headachy, sweaty, shaky, confused, or dizzy:
 - Take 4 glucose tabs or 6 Life Savers® right away.
 - After 15 minutes recheck blood glucose. If still under 70, repeat glucose tabs or Life savers.
 - After 15 more minutes check blood glucose again and tell your admitting/Pre-Op nurse.

In the hospital after your procedure

- Your blood glucose will be checked often, and insulin doses will be given if needed.
- It is not safe to take diabetes pills, non-insulin injections or use your home insulin.
- Insulin pumps and CGM may be used as ordered following hospital policy.

After discharge

- Continue to check your blood glucose as directed and start your diabetes medicine.
- Check with your provider to restart:
 - Metformin (Glucophage®), especially if you received contrast dye during your procedure.
- SGLT2i (Invokana®, Farxiga® or Jardiance, Steglatro, Brenzavvy) may be restarted in 48 hours unless your healthcare provider tells you otherwise.

*If your blood glucose is under 70 mg/dL or over 250 mg/dL, two times in 24 hours, call your diabetes doctor for instructions.