

Getting ready for surgery when you have diabetes

Keeping your blood glucose between 100 and 180 mg/dL before, during and after your procedure helps you heal faster and lowers your risk of infection.

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 medication may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may need to change.
- If you use an insulin pump, ask your care team for instructions. You may need to adjust your settings before surgery.

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

Stop taking seven days before your procedure. Examples include:

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

Please note: This list may not include all medications in this category.

If you take an SGLT2 inhibitor, Biguanide or Sulfonylurea:

Stop taking it two days before your procedure to protect your kidneys. Examples include:

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

Please note: These drugs may also be part of a combination medication under another name. This list is not all-inclusive.

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The morning of your procedure:

Do not take any diabetes pills. Examples include:

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

Do not take daily injectable GLP-1 (non-insulin) medications. Examples include:

- Exenatide (Byetta)
- Liraglutide (Victoza)

Do not take combination GLP-1 and insulin injections. Examples include:

- Soliqua (iGlarLixi)
- Xultophy (IDegLira)

Please note: This list may not include all medications in this category.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do not take insulin, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, move your insertion site away from the procedure area. Continue your usual settings unless your provider says otherwise. Bring extra supplies with you.
- If your blood glucose is under 70 mg/dL or under 80 mg/dL with symptoms (sweaty, shaky, confused, dizzy, fast heartbeat or headache):
 - Take four glucose tabs or six Life Savers® right away.
 - Wait 15 minutes and recheck your blood glucose. If it's still low, repeat.
 - After 15 more minutes, recheck again. Tell your admitting or pre-op nurse.

In the hospital after your procedure:

- Your care team will monitor your blood glucose and give insulin if needed.
- Do not use your home insulin, non-insulin injections or diabetes pills.
- Your insulin pump or CGM may be used as ordered, following hospital policy.

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After you're discharged:

- Resume checking your blood glucose as directed.
- Restart your diabetes medications as advised by your provider.
- If you received contrast dye during your procedure, check with your provider before restarting metformin (Glucophage).
- SGLT2 inhibitors such as Invokana, Farxiga, Jardiance, Steglatro and Brenzavvy may be restarted after 48 hours unless told otherwise.

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