



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

Information for patients with Diabetes  
having Lower Endoscopic Investigations  
requiring full bowel preparation

# Morning Appointment

Information for patients, relatives and carers

① For more information, please contact:

## **Diabetes and Endocrine Unit**

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## **General advice**

For a successful examination to be carried out, it is very important that the bowel is completely clean and you follow the guidance below. If the bowel is not completely clean and / or the guidance is not followed correctly the examination may have to be repeated.

Some investigations require you to fast for extended periods of time to ensure the bowel is completely clean. For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage your blood glucose and your medications may need some adjustment.

If you normally take insulin for your diabetes you may need to replace solid food with sugary drinks, to prevent your blood glucose level dropping too low. Examples for meal replacement could include:

- 300 millimetres (mls) of full sugar fizzy drink
- 300 - 400ml of clear apple juice

## **What to do with your medications**

For people who take insulin injections your usual doses may need some adjustment on the day of your bowel preparation and the day of the procedure. The charts on pages 6-8 will help you manage your diabetes treatment if taking insulin when undergoing your bowel preparation or fasting period. For people with Type 2 diabetes on tablets or injectable treatment see guidance on page 9.

## **Monitoring your blood glucose levels**

It is advisable to test your blood glucose regularly **if you normally test**. You may need to test more often than normal. We would advise testing before each meal, before bed, and if you feel at any time that your blood glucose level is getting low. If you don't normally test your blood glucose levels then you don't need to test during this period.

When coming to the hospital please bring your medication and any equipment you need, as well as a light meal (for example a sandwich). Once you have recovered from the procedure, you will be able to eat, drink and resume your normal diabetes medications.

## **What is a hypo?**

A hypo or low blood glucose level is where your blood glucose level falls below the normal range – usually less than 4mmol/L. This is often associated with symptoms such as feeling sweaty, shaky, dizzy and heart racing. You may be at risk of a hypo if you take insulin or tablets such as gliclazide, glipizide or glimepiride (Metformin on its own does not cause hypos).

## **What to do if you have a hypo**

You need to treat your hypo immediately by taking rapid acting carbohydrate for example:

- 150mls – full sugar fizzy drink
- Five to seven Dextrose tablets
- Four to five Glucotabs
- 60mls bottle Lift (fast acting glucose shot)
- 200mls clear apple juice

Recheck your blood glucose level 10 - 15 minutes later and repeat with more rapid acting carbohydrate if your result is still less than 4mmol/L.

Once your blood glucose level has risen above 4mmol/L recheck hourly to ensure your blood glucose does not drop too low again.

## **What to do after your procedure**

The nursing staff will inform you when it is safe to eat and drink after your procedure. You can resume your normal diabetes medications once you have recovered from the procedure and are eating and drinking as normal.

When you get home your blood glucose levels may vary for a short time, but this should settle quickly.

If, however, you take the diabetes medication - Metformin, Dapagliflozin, Canagliflozin or Empagliflozin and become unwell following discharge home and are

vomiting, **stop** these medications and consult your GP or diabetes care provider for advice.

These are general guidelines, if you have any concerns please call the diabetes team for further advice.

## What type of insulin do I take?

To help you work out what to do with your insulin, you need to know what type of insulin you take. Here is a list to help you.

<b>Fast acting insulin</b>	Humulin S Actrapid Novorapid Humalog Apidra Fiasp
<b>Mixed insulin</b>	Humulin M3 Humalog Mix 25 Humalog Mix 50 Novomix 30
<b>Long acting insulin</b>	Humulin I Insulatard Lantus Abasaglar Levemir Toujeo Tresiba100 Tresiba 200

# Insulin recommendations for morning appointment

## Day before the procedure

Follow dietary and bowel preparation as instructed  
Drink additional clear fluids (e.g. black tea or coffee)  
some of it sugary (e.g. clear fruit juice) or clear jelly  
puddings (not red jelly)

Test your blood glucose **at least four times a day**

<b>Fast acting or mixed insulin</b>	<b>T</b> Take half usual dose
<b>Long acting insulin</b>	Take as normal if you have Type 1 diabetes. Reduce the dose/s by 20% (one fifth) if you have Type 2 diabetes.

# Insulin recommendations for morning appointment

## Day of the procedure

Continue bowel preparation as instructed and continue to drink additional clear fluids (as above), until two hours before your appointment

Test your blood glucose **every two hours**

<b>Fast acting insulin</b>	Omit at breakfast
<b>Mixed insulin</b>	Take half breakfast dose and omit at lunchtime if taken at this time
<b>Long acting insulin</b>	Take as normal if you have Type 1 Diabetes  Reduce the morning dose, if taken at this time, by 20% (one fifth) if you have Type 2 diabetes



# Non – insulin medication recommendation for morning appointment

## Day before the procedure:

<b>Take these medications as normal</b>	Metformin Pioglitazone Byetta (exenatide) Trulicity(dulaglutide) Victosa (liraglutide) Lyxumia (lixisenatide) Ozempic(semaglutide) Rybelsus (semaglutide)
<b>Omit all doses</b>	Gliclazide Glipizide Glimepiride Dapagliflozin Empagliflozin Canagliflozin Acarbose Repaglinide Neteglinide Linagliptin Saxagliptin Sitagliptin

(Follow separate guidance for insulin)

## Day of the procedure:

<b>Take these medications as normal</b>	<b>Omit the morning dose and resume when eating and drinking normally, usually later that day</b>
Metformin Pioglitazone Byetta (exenatide) Trulicity(dulaglutide) Victosa (liraglutide) Lyxumia (lixisenatide) Ozempic(semaglutide) Rybelsus(semaglutide)	Gliclazide Glipizide Glimepiride Dapagliflozin Empagliflozin Canagliflozin Acarbose Repaglinide Neteglinide Linagliptin Saxagliptin Sitagliptin

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Tara Kadis, Diabetes and Endocrine Unit,  
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## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email  
[yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

[www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

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