



Centre for
Perioperative Care



My Diabetes Passport



Referral

Pre-op

Admission

Discharge

**This booklet is provided by your Perioperative Care Team.
Please bring it to all appointments and when you come in to
hospital for your operation.**

Please complete sections marked in yellow

Name:.....

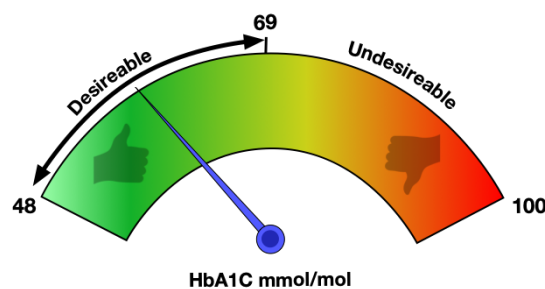
Proposed date of operation:.....

Preparation for Surgery

"Perioperative" describes the journey you will take before, during and after your operation. During this period, it is important that your diabetes is controlled as well as possible. If your blood glucose is optimally managed, you will be less prone to certain complications such as infections and slower wound healing, which could delay your recovery and prolong your hospital stay. We may need to refer you to your GP or a diabetes specialist before your surgery if your diabetes control is not optimal.

HbA1C

We would like you to have a blood test called **HbA1C** within **3 months** of your date for surgery. This is a measurement that gives an indication as to how well your blood glucose have been controlled over a period of time. Ideally your HbA1C should measure less than **69 mmol/mol**. This can be measured by your GP practice or at preassessment clinic if it has not been done so recently.



Please fill in your result below:

Date of test: _____

HbA1C: _____

OR

I haven't been tested in the last three months, and a test is due.

About your diabetes

Type of Diabetes: Type 1 Type 2
 Other:.....

Do you ever have hypos? Yes No

Who looks after your diabetes ? GP Diabetes specialist

When was your most recent diabetic review :.....

Diabetes medicines you usually take

	Medicine name	Medicine Dose / Units
Breakfast		
Lunch		
Evening Meal		
Bedtime		

Coming in to Hospital



Fasting before surgery

You must be fasted for 6 hours before having anaesthesia and surgery. We aim to minimise fasting times for diabetic patients and so your surgery will be scheduled for first thing in the morning if possible. Please do not eat any food after midnight. You can drink clear fluids such as water, fruit juice without bits or tea / coffee without milk until you are collected by the nurse to take you to theatre.

If your operation is scheduled for an afternoon list, do not eat anything after a light breakfast before 06.00am. Again, you can drink clear fluids until you are taken to theatre.

What to bring with you on the day of surgery

- Your usual diabetes medicines
- A supply of insulin needles (if you take insulin)
- Any other medicines you normally take
- Blood glucose equipment (if you normally monitor your own blood glucose, we encourage you to continue to do so whilst in hospital but we may also test your levels)
- Your normal hypo treatments, such as glucose drinks / jelly babies and a few snacks.

Management of Your Diabetic Medicines

(To be completed by the Pre-assessment Clinic Nurse)



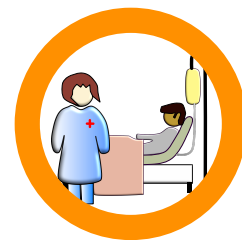
Scan for Guidance

At your preoperative assessment, your nurse will inform you about which medicines to continue taking and which ones to stop. This is detailed below:

No.	Medicine Name	Instructions
1		
2		
3		
4		
5		
6		

Name of Nurse:.....

Management of Your Diabetes in Hospital



You may be able to manage your own diabetes in hospital if you are well enough and capable of doing so. You can do blood glucose tests on your usual device whenever you like. For your safety we will also do blood glucose tests using hospital devices.

During your hospital stay, your healthcare professionals will advise you about diabetic medicines. If you take insulin you may be able to self-inject and decide on your own dose, but please agree this with the ward nurse so that it can be documented in your treatment record.

In general, you should aim for blood glucose values between **6-12 mmol/L**.

When in hospital it is not uncommon to experience changes to your blood glucose control, including high glucose levels. There are a variety of reasons for this including metabolic responses to surgery, changed activity levels, a change in your diet, and potentially new medicines. This may require more frequent monitoring of your blood glucose, changes to your diabetes medicines and an increase in your usual dose of insulin. Insulin may be temporarily required even if you were not previously using it.

Hypos (blood glucose < 4 mmol/L) are also more common during a hospital stay. You may experience blurred vision, sweating, agitation, tingling around the mouth or in the fingers, a fast heartbeat, or difficulty with concentration or speech. If you experience any of these symptoms notify staff urgently so that your blood glucose

be tested and treatment given quickly. We may also need to adjust your medicines to avoid hypos during your stay in hospital.

If your blood glucose is less than 4 **mmol/L** then you can take either:

- 4 GlucoTabs® or Dextrose® tablets
- 4 Jelly Babies sweets
- 200 ml of fruit juice (without the bits) or non-diet fizzy drink.

Diet in Hospital

After your surgery, once you are able to eat and drink normally, food choice and meal size should not be restricted. People with diabetes should aim for a similar diet to that taken at home. If there are longer gaps between meals than occurs at home, snacks (including at bedtime) should be available between meals. Please ask staff for these.

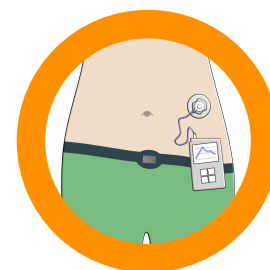
Other Frequently Asked Questions About Insulins

Will I get an insulin infusion through a hospital pump ?

Insulin infusion may be used temporarily during and after surgery for better blood glucose control but is usually stopped once you can eat and will be replaced with your regular diabetes medicines.

Will I receive my usual long acting insulin in hospital ?

Long acting insulin should not be stopped even when you are getting insulin through a hospital pump. The dose may be reduced to prevent low blood glucose.



Management of Insulin Pumps

(This usually applies to Type 1 Diabetes)

Insulin pumps use short-acting insulin which is infused continuously at a rate set by the patient. Bolus doses are taken for each meal. If the pump is discontinued without using an alternative type of insulin, diabetic ketoacidosis can develop within a short space of time because there is *no reservoir of long-acting insulin*.

An insulin pump should never be discontinued without immediate substitution of rapid-acting insulin via an alternative route.

- If you are expected to be nil by mouth for a limited period (no more than one missed meal) you should be able to manage your diabetes with your pump.
- If you are unable to self-manage because of your illness, or a longer period of fasting is expected, the pump will be discontinued and a variable rate intravenous insulin infusion through a hospital pump will be started immediately.
- The diabetes specialist team should be notified of all patients in hospital receiving subcutaneous insulin pump treatment, with the exception of day surgery patients. If you are on a pump, please ask to speak to a member of the diabetes team.

Recommendations for people with diabetes after discharge from hospital



What should I do if I am unwell after my operation?

- **NEVER stop taking your insulin** – illness usually increases your body's need for insulin
- If you are vomiting, have diarrhoea or become dehydrated, STOP taking Metformin and SGLT-2 inhibitors (Dapagliflozin, Canagliflozin, Empagliflozin, Ertugliflozin)
- TEST your blood glucose at least four times a day, if you have the equipment to do so
- DRINK at least 100 ml of water / sugar free fluid every hour – at least 2.5 litres a day
- EAT as normally as you can. If you cannot eat or if you have a smaller appetite than normal, replace solid food during illness with **ONE** of the following: 2 cups of milk *or* a 200 ml carton of fruit juice **OR** 200 ml of non-diet fizzy drink **OR** 1 scoop of ice cream.

Even if you are eating less than usual, being unwell usually makes your blood glucose rise. Symptoms of high blood glucose include: thirst, passing more urine than usual, and fatigue or tiredness.

Not all illnesses have this effect and in some patients blood glucose may fall when they are not eating. In this circumstance patients on Gliclazide / Glimepiride tablets or insulin may need to reduce their dose of diabetes medicines.

Extra instructions for people with Type 1 diabetes

- If you are unwell and have a high blood glucose (12 mmol / L or more), you should follow the 'sick day rules' stated in page 9
- **NEVER stop insulin** even if you are not eating
- You should test regularly to track the changes in blood glucose
- TEST your capillary blood for KETONES every two hours if you have a ketone meter
- You will need more insulin if your capillary blood KETONES are more than **1.5 mmol/L**. You should also contact your diabetes care provider.

When should I call my GP ?

- If you have continuous diarrhoea and vomiting and / or a high fever
- If you are **UNABLE** to keep food down for four hours or more
- **HIGH** blood glucose levels with symptoms of illness (if above 15 mmol / L you may need more insulin)
- If you become **DROWSY** and **BREATHLESS**, call 999 or go to your nearest **Emergency Department**.

OUTSIDE NORMAL WORKING HOURS consult your local out-of- hours service or go to your local hospital's A&E department.

Please write down any questions that you would like to ask from your healthcare professional regarding your diabetes management:

You can get further information on Preparing for surgery – getting yourself ready by scanning following QR codes using your smart phone or using the links bellow.

Fitter Better Sooner

<https://rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner>



Guidance On Managing Diabetic Medicines Near The Time Of Surgery

https://rightdecisions.scot.nhs.uk/media/j4rmbk1g/periopdm_medications.pdf



Health Zone UK App



Download and open the app on your device and search for
"NHS Lothian - Adults Diabetes" resource

Provided by the Edinburgh Centre for Endocrinology and Diabetes (ECED).



Apple devices



Android devices

Authors: F Jafar/ M Royds / C Kyle