



**University
Hospitals Sussex**
NHS Foundation Trust

Your diabetes and your surgery

What to expect during your
hospital stay

Patient information

What to Expect

When I come into hospital

- You must bring in all your diabetes equipment from home. This includes any pumps, insulin needles and hypo supplies.
- Ensure you are checking your blood sugars as regularly as you do at home. The nurses may also do this for you.
- You will be made 'nil by mouth' at a certain point before your operation, often the night before. This means you won't be able to eat or drink anything.
- You may be placed on insulin and fluids through a drip in your veins called VRII (variable rate insulin infusion). This is to keep your blood glucose levels controlled if you have a prolonged period of fasting or your blood glucose is high.

What happens after my operation?

- You should be able to eat and drink as normal, and then can restart your normal diabetes tablets.
- You must check your blood sugars more regularly than normal as they can be more varied after the operation.
- If they stay very high (for example, above 12) you should go to your GP or whoever manages your diabetes.

What should I do if I take TABLETS for my diabetes?

Some tablets should not be taken on the morning of surgery.

For example:

- **Metformin** should normally be stopped on the day of surgery
- **Glicazide / Glibenclamide / Glipizide** should be stopped on the day of surgery and restarted once eating and drinking
- **Dapagliflozin / Canagliflozin / Empagliflozin** should be stopped the day before surgery or at the start of your bowel prep regimen and restarted 2 days after surgery once eating and drinking
- **Acarbose / Meglitinide** should not be taken in the morning if you are not having breakfast. If you are having breakfast, take the morning dose and do not take the lunchtime dose.

Some tablets can be taken as normal around surgery. For example:

- **Pioglitazone**
- **Sitagliptin / Linagliptin / Saxagliptin**
- **Exenatide / Liraglutide / Dulaglutide / Semaglutide.**

What should I do if I take INSULIN for my diabetes?

- If you take long/intermediate acting insulin (**Lantus, Levemir, Tresiba, Humulin I, Insulatard**), the dose of this may need to be reduced prior to surgery. This is often by 20% but your surgical or diabetes team will advise you.
- If you take short acting insulin (**Novorapid, Humalog, Actrapid**), you may need to miss a dose of this if you miss a meal before your surgery.

Plan for my surgery:

Operation I am having:	
Date of my surgery:	
Morning or afternoon:	
When to stop eating and drinking:	
Recent HbA1C:	
Changes to my tablets:	
Changes to my insulin	
Brought my supplies of pumps/needles/tablets:	Yes: <input type="checkbox"/>
Brought my hypo supplies with me:	Yes: <input type="checkbox"/>
Target glucose range for my surgery:	
Contact number for my diabetes team:	

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

Ref. number: 2157.1
Publication date: 06/2023
Review date: 06/2026

© University Hospitals Sussex NHS Foundation Trust Disclaimer:
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.