

Having a morning or afternoon colonoscopy procedure



James Paget
University Hospitals
NHS Foundation Trust

Authors: Dr J Randall; Kim Howson, Perioperative DSN; and Miriam Batley, Endoscopy CE

For patients taking insulin and/ or other diabetes medications

STANDARD BOWEL PREP 48-hour protocol (Plenvu / Moviprep + eight Senna tablets)

This leaflet contains the information you will need to be able to safely manage your diabetes throughout the days prior to the procedure and the day of procedure.

If you are on Insulin pump therapy to manage your diabetes, please contact the Endoscopy Unit on 01493 452370 and your Diabetes Nurse prior to your procedure.

You will be expected to have a low residue breakfast and lunch the day prior to the procedure. You will be allowed clear fluids from this point onwards until procedure.

If you are also having a gastroscopy (OGD), you must not have anything to eat or drink for six hours before your procedure, but you can still take Lucozade or sugary flavoured water for hypoglycaemic episodes.

What can I eat and drink?

Your preparation for your colonoscopy will begin two days before your tests. On the day before you will be allowed to have a light (low residue) breakfast **and** lunch. Please see below for the items you may eat at these time point. After lunch you should not eat anything further but you can drink items on the list below. This should continue until after your test has been completed.

Low residue diet – breakfast and lunch the day before your procedure	Clear fluids – After lunch on day before procedure until after procedure
<ul style="list-style-type: none">• White bread• Butter or margarine• Cheese• Eggs• Chicken without the skin• Boiled or steamed white fish• Marmite• Plain biscuits such as rich tea	<ul style="list-style-type: none">• Tap water or mineral water• Black tea /coffee no added milk, whitener or milk substitute• Lemon or herbal or fruit tea• Fizzy drinks• Bovril• Fruit juice (without 'bits')• Squash• Clear soup such as consommé or strained chicken noodle soup

Monitoring blood glucose levels

If you have a blood glucose meter we advise testing every two hours whilst fasting.

If you usually correct high glucose level using rapid acting insulin you can give a small correction dose if blood glucose levels are greater than 15mmol/L.

Recognising hypoglycaemia (or a “hypo”)

Fasting can make you more likely to become hypoglycaemic. A “hypo” is when your blood glucose is less than 4mmol/L.

You may feel the following symptoms if you are having a hypo:

- Sweating heavily
- Feeling anxious
- Trembling and shaking
- Tingling of the lips
- Hunger
- Going pale
- Palpitations
- Slurring words
- Behaving oddly
- Being unusually aggressive or tearful
- Difficulty concentrating

How to treat a “hypo” prior to the procedure

If you recognise you are having a “hypo”, you should treat it quickly using:

- Lucozade or sugary flavoured water.

If you use a blood glucose meter you should recheck your blood glucose 10-15 minutes following treatment. If levels remain less than 4mmol/L treat again with the above.

Important: Please inform a member of staff if you have had a hypo when you arrive for your procedure.

What to do with your diabetes medications – for instructions on insulin see the table below:

Name of medication	Day prior to procedure	Day of procedure
Gliclazide Glibenclamide Glipizide Glimepiride (See instructions for “If you develop signs and symptoms of hypoglycaemia” and section on recognising hypoglycaemia)	Take as normal at breakfast time. Ensure two slices of white bread or toast with breakfast and lunch. Jelly can also be consumed. After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent until after your procedure. Omit the evening dose of any of these medications.	Omit breakfast time medication. After procedure Eat normally and take your evening dose of medication (if applicable) as normal. Normal medications the next day and normal diet.
Repaglinide, Nateglinide (See instructions for “If you develop signs and symptoms of hypoglycaemia” and section on recognising hypoglycaemia)	Take as normal at breakfast and lunchtime. Ensure two slices of white bread or toast at breakfast and lunch. Jelly can also be consumed. After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent until after your procedure.	Omit these medications until after the procedure has been completed. After procedure Take next dose with your evening meal as normal. Normal medications the next day and normal diet.

	Omit the evening dose of any of these Medications.	
Dapagliflozin, Empagliflozin, Cannagliflozin, Sotagliflozin	Omit for four days prior to procedure.	Omit this day's dose. Take next dose the following morning.
Acarbose	Take as normal.	Omit all doses prior to the procedure. Take as normal once procedure complete.
Metformin (Sukkarto)	Take as normal.	Take as normal.
Pioglitazone		
Sitagliptin, saxagliptin, vildagliptin, Alogliptin, Linagliptin		
Exenatide, liraglutide; dulaglutide, semaglutide, tirzepatide		

What to do with your insulin if you're having a morning procedure		
Name of insulin	Day prior to procedure	Day of Procedure
Mixed/ Biphasic Insulin		
Humalog Mix 25 or Mix 50 Humulin M3 Humulin R500 Hypurin Porcine 30/70 Mix Novomix 30 (See instructions for "hypoglycaemia")	Take 75% of your normal breakfast insulin. Ensure two slices of white bread or toast at breakfast and lunchtime. Jelly can also be consumed. After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent. Take 50% of your normal lunch time insulin (not applicable if usually twice daily). Take 50% of your normal evening insulin. Ensure pre-bed glucose is around 10 mmol/L Use biscuits / glucose tablets if needed	Omit breakfast insulin Bring your insulin with you along with a snack (sandwich, fruit, yoghurt) AFTER PROCEDURE Take 50% of your usual morning dose with the above snack after the procedure (omit lunch time dose if on three times daily). Normal insulin dose with evening meal and thereafter.
Intermediate or Long-acting/ Basal Insulin		
Taken once daily in the morning		
Abasaglar Humulin I Insulatard Lantus Semglee Toujeo Tresiba (See instructions for "hypoglycaemia")	Take 50% of your normal breakfast insulin. Ensure two slices of white bread or toast at breakfast and lunchtime. Jelly can also be consumed. After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent.	Take 50% of your normal breakfast insulin. AFTER PROCEDURE Bring your insulin with you along with a snack (sandwich, fruit, yoghurt). Take 50% of your usual morning dose with the

	<p>Ensure pre-bed glucose is around 10 mmol /L</p> <p>Use biscuits / glucose tablets if needed.</p>	<p>above snack after the procedure.</p> <p>Take your normal insulin dose next morning.</p>
Taken once daily in the evening		
	<p>Ensure two slices of white bread or toast at breakfast and lunchtime. Jelly can also be consumed.</p> <p>After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent.</p> <p>Take 50% of your normal evening insulin.</p> <p>Ensure pre-bed glucose is around 10 mmol /L</p> <p>Use biscuits / glucose tablets if needed.</p>	<p>No breakfast or lunch.</p> <p>AFTER PROCEDURE</p> <p>Bring a snack (sandwich, fruit, yoghurt) with you for after the procedure.</p> <p>Take evening insulin as normal.</p>
Basal insulin continued		
Taken twice daily		
	<p>Take 50% of your normal breakfast insulin.</p> <p>Ensure two slices of white bread or toast at breakfast and lunch time. Jelly can also be consumed.</p> <p>After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent.</p> <p>Take 25% of your normal evening insulin</p> <p>Ensure pre-bed glucose is around 10 mmol /L</p> <p>Use biscuits / glucose tablets if needed.</p>	<p>Omit your breakfast insulin.</p> <p>AFTER PROCEDURE</p> <p>Bring your insulin with you along with a snack (sandwich, fruit, yoghurt).</p> <p>Take 50% of your usual morning dose with the above snack after the procedure.</p> <p>Take your normal insulin dose with evening meal / pre bed and thereafter.</p>
Rapid-acting meal-time Insulin		
<p>Apidra Actrapid Fiasp Humalog Humulin S Insuman Rapid Lyumjev Novorapid Trurapi (See instructions for "hypoglycaemia")</p>	<p>Take 50% of your normal insulin at breakfast and lunch.</p> <p>Ensure two slices of white bread or toast at breakfast and lunch time. Jelly can also be consumed.</p> <p>After lunch replace any meals with a half of one 330ml can of full sugar fizzy drink or equivalent.</p> <p>Take 25% of your normal evening meal insulin.</p> <p>Use correction dose as necessary.</p>	<p>Omit your breakfast insulin</p> <p>AFTER PROCEDURE</p> <p>Bring your insulin with you along with a snack (sandwich, fruit, yoghurt)</p> <p>Take 75% of your usual lunch time dose with the above snack after the procedure</p> <p>Take your normal insulin dose with evening meal Use correction dose as necessary.</p>

Your Feedback

We want your visit to be as comfortable as possible - talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve it, then ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care.

Before leaving please complete a Friends and Family Test feedback card.

Help us transform NHS services and to support patient choice.

OUR VALUES

Collaboration

We work positively with others to achieve shared aims

Accountability

We act with professionalism and integrity, delivering what we commit to, embedding learning when things do not go to plan

Respect

We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride

Empowerment

We speak out when things don't feel right, we are innovative and make changes to support continuous improvement

Support

We are compassionate, listen attentively and are kind to ourselves and each other



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240