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| **Medication**  **PERI-OPERATIVE ADJUSTMENT OF NON-INSULIN DIABETES MEDICATION (ADVICE FOR HEALTHCARE PROFESSIONALS)** | **Day before going into hospital** | **Day of surgery** | | |  |
| **Patient for a.m. surgery** | **Patient for p.m. surgery** | **After surgery** | **Specific considerations** |
| **Metformin** | **No bowel prep:** Take as normal  **Bowel prep:**  Omit all doses | Omit all doses | Omit all doses | Recommence **48 hours** after surgery (see specific considerations) | **Withhold until 48 hours post-operation. Resume if patient eating and drinking, ensure eGFR>40ml/min/1.73m2 serum creatinine <150mol/l, no sepsis, no overt heart failure and no hypovolaemia.** |
| **Sulfonylureas (e.g. gliclazide, glipizide, glibenclamide, glimeperide)** | Take as normal | Omit morning dose | Omit morning dose.  If taken twice daily take evening dose **only if eating** | Recommence when eating and drinking normally |  |
| **Pioglitazone** | Take as normal | Omit on day of surgery | Omit on day of surgery | Recommence when eating and drinking normally |  |
| **DPP IV inhibitor (e.g. sitagliptin, vidagliptin, saxagliptin, alogliptin, linagliptin)** | Take as normal | Omit morning dose | Omit morning dose | Recommence when eating and drinking normally |  |
| **GLP-1 analogue (e.g. exenatide, liraglutide, lixisenatide, dulaglutide)** | Take as normal | Omit all doses | Omit all doses | Recommence when eating and drinking normally | If **pancreatitis** is suspected promptly discontinue  If eGFR < 30ml/min/1.73m2 do not use. |

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| **Medication** | **Day before going into hospital** | **Day of surgery** | | |  |
| **Patient for a.m. surgery** | **Patient for p.m. surgery** | **After surgery** | **Specific considerations** |
| **SGLT-2 inhibitors (e.g. dapagliflozin, canagliflozin, empagliflozin)** | Omit all doses | Omit on day of surgery | Omit on day of surgery | Treatment may be restarted once fully recovered from surgery | Rare but serious cases of **diabetic ketoacidosis** have been reported in patients on SGLT inhibitor treatment for Type 2 diabetes. The risk of diabetic ketoacidosis must be considered in the event of non- specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses. In both cases, treatment with SGLT inhibitors can be restarted once the patient’s condition has stabilised. |
| **Acarbose** | Take as normal | Omit morning dose if breakfast not taken | Take morning dose if eating. Do not take lunchtime dose | Recommence when eating and drinking normally |  |
| **Meglitinide (repaglinide or nateglinide)** | Take normal | Omit morning dose if breakfast not taken | Take morning dose if eating breakfast | Recommence when eating and drinking normally |  |