

Key principles for the management of diabetic day case patients



- Diabetic medication should be omitted on the morning of surgery

- The procedure should be scheduled as early as possible on the list, preferably first

- Aim to return the patient as soon as possible to usual diet and medication routine

Preoperative checklist for all diabetic patients

- All usual selection criteria for day surgery met
- Diabetic complications have been excluded or are well-controlled
- Intermediate surgery can be scheduled for a morning list
- Patient likely to be able to eat & drink after surgery with minimal nausea and vomiting
- Patient has no history of:
 - > repeated hypoglycaemic attacks
 - > recurrent admission to hospital with complications related to diabetes
- Patient and carer are able to measure blood glucose at home
- Patient and carer understand about hypoglycaemia and its treatment
- HbA1c <8%

For more detailed information on this topic, see the recently revised BADS booklet *Day Surgery & the Diabetic Patient*.

MINOR SURGERY IN THE MORNING

In this context, a minor surgical procedure is defined as one where the patient is expected to resume oral intake within an hour or so of surgery

Consider reducing long acting insulin (insulatard, monotard, humulin I, ultratard or hypurin lente) taken before bed by 1/3 on night before surgery**

Omit morning insulin and / or oral hypoglycaemics

On arrival in day surgery unit

Blood glucose <5 mmol/l	Notify anaesthetist Patients on insulin or sulphonylurea: Consider infusion of 5% glucose at 100 ml/hr and monitor blood glucose hourly
Blood glucose 5–13 mmol/l	Monitor only
Blood glucose >13 mmol/l	Check for intercurrent infection Consider postponing surgery

After surgery

Give delayed breakfast with usual morning insulin / oral hypoglycaemics
Blood glucose should be in range 5–13 mmol/l prior to discharge

MINOR SURGERY IN THE AFTERNOON

In this context, a minor surgical procedure is defined as one where the patient is expected to resume oral intake within an hour or so of surgery

Normal diet and insulin and / or oral hypoglycaemics on day before surgery

Morning of Surgery

Half normal dose of morning insulin with light breakfast
Oral hypoglycaemic drugs to be taken as normal with light breakfast
Usual fasting rules (e.g., light breakfast before 8 am, clear fluids until 11 am)

On arrival in day surgery unit

Blood glucose <5 mmol/l	Notify anaesthetist Patients on insulin or sulphonylurea: Consider infusion of 5% glucose at 100 ml/hr and monitor blood glucose hourly
Blood glucose 5–13 mmol/l	Monitor only
Blood glucose >13 mmol/l	Check for intercurrent infection Consider postponing surgery

After Surgery

Give delayed lunch with any diabetic tablets or insulin *normally taken at that time of day*
If patient injects insulin at least twice daily and does not normally take insulin with lunch, give 1/4 total daily dose (*must* be rapid acting, e.g., human soluble, human velosulin, novorapid, actrapid or humalog)
Blood glucose should be in range 5–13 mmol/l prior to discharge

**Insulin glargine There is limited experience of perioperative management of patients taking insulin glargine, which is a type of long acting insulin. However, perioperative management of inpatients on insulin glargine has been successful without the preoperative dose reduction suggested above. Close monitoring is suggested whilst more experience is accumulated. Not all units reduce the dose of other long-acting insulins the night before surgery.