Diabetes Management Before Upper Endoscopy

Patient handout

Fasting before an upper endoscopy can change how your diabetes medicines work. This sheet helps you avoid low blood sugar, high blood sugar and ketoacidosis. Use it with your **Upper Endoscopy Preparation** form.



Having both an upper endoscopy and a colonoscopy? Follow the **Diabetes Management Sheet (Colonoscopy)** for your diabetes instructions instead of this sheet.

Your personal plan comes first. If Dr. Wu's office or your diabetes prescriber gives you different written instructions, follow that plan. Call before the day before your procedure if anything is unclear.

Find your food and fluid plan

If you...	Your plan	Food and drink before the procedure
Do not take a GLP-1 / GIP medicine	**Plan A**	Finish a **light meal at least 6 hours before arrival**; finish a **fatty, fried or heavy meal at least 8 hours before arrival**. After that, no solid food. Clear fluids until **4 hours before the procedure**, then nothing by mouth.
Do take a GLP-1 / GIP medicine (e.g. Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza)	**Plan B**	Clear fluids only for the **24 hours before the procedure**. Stop all food and fluids **6 hours before the procedure**, unless the office gives you a different plan.

Morning medicines: take permitted medicines with a small amount of water **before your applicable cutoff**: **4 hours before the procedure for Plan A** or **6 hours for Plan B**. Follow your diabetes/insulin plan. Always treat a low blood sugar for safety (see page 4).

Clear fluids: water, black coffee or tea (no milk or cream), and pulp-free juice. No milk, cream, smoothies or pulp.

Plan B only: carbohydrates on the clear-fluid day

Unless your diabetes team tells you otherwise, aim for about **45 g carbohydrate at each usual mealtime** and **15-30 g at snack times**. Choose sugar-free clear fluids between these times. Check labels because brands vary.

Clear-fluid example	Amount	Approx. carbohydrate
Pulp-free apple or white grape juice	½ cup / 125 mL	15 g
Regular gelatin	½ cup / 125 mL	15 g
Regular sports drink	½ cup / 125 mL	15 g
Regular lemon-lime pop or ginger ale	1 can / 355 mL	about 40 g
Pale ice pop, no fruit or cream	1 double-stick	about 15 g

Milk, cream, smoothies and juice with pulp are not clear fluids.

Before the day before your procedure

- **Review every diabetes medicine.** Include injections and combination pills.
- **Ask for a morning appointment if possible.** A shorter fast is easier and safer for many people with diabetes.
- **Have supplies ready - insulin, sulfonylureas (gliclazide, glyburide, glimepiride) or meglitinides (repaglinide, nateglinide):** a glucose meter, strips and lancets are essential, even if you use a CGM. Have CGM supplies ready if you use one.
- **Other diabetes medicines or diet alone:** a meter, strips and lancets are optional; use them if you have them.
- **Everyone:** have glucose tablets (or glucose gel) and your medication list ready.
- **Get an insulin plan.** If you use insulin or a pump, have the dose box on page 3 completed before the day before your procedure.

Diabetes pills and non-insulin injections

Brand names are examples only. **For a combination pill, follow the earliest stop time for any ingredient.** On procedure morning, hold diabetes medicines as listed below; follow the separate GLP-1 instructions.

Medicine	Day before / earlier stop dates	Procedure morning	When to restart
SGLT2 inhibitors - "gliflozins" (Jardiance, Forxiga/Farxiga, Invokana, Steglatro)	**Stop 3 days before the procedure.** Stop ertugliflozin (Steglatro) **4 days before**. This also applies if you take it for heart or kidney disease.	Do not take.	Only when you are eating, drinking well and back to your usual self.
GLP-1 / GIP medicines (Ozempic, Wegovy, Mounjaro, Trulicity, Rybelsus, Victoza)	**Keep taking your medicine unless the office tells you otherwise.** Do not routinely stop or skip a dose. Follow page 2 of your preparation form and use **Plan B**.	Follow your preparation form and the Plan B cutoff for permitted morning medicines.	No routine interruption. If the office instructs you to hold a dose, follow its individualized restart plan.
Metformin (Glucophage, Glumetza; also in combination pills)	**Plan A:** take as usual. **Plan B:** stop when the clear-fluid diet begins.	Skip.	When you are eating and drinking normally.
Sulfonylureas (Diamicron/gliclazide, glyburide, Amaryl/glimepiride)	**Plan A:** take as usual. **Plan B:** stop when the clear-fluid diet begins.	Skip.	With your first normal meal.
Meglitinides (GlucoNorm/repaglinide, Starlix/nateglinide)	**Plan A:** take with meals as usual. **Plan B:** stop when the clear-fluid diet begins.	Skip.	With your first normal meal.
DPP-4 inhibitors (Januvia, Trajenta, Onglyza)	Take as usual.	Skip.	After the procedure when you are eating, usually the same day.
Pioglitazone	Take as usual.	Skip, unless your prescriber tells you otherwise.	After the procedure when you are eating.
Any other diabetes medicine	Do not guess. Ask your prescriber, pharmacist or Dr. Wu's office.	Ask.	Follow your written plan.

Why the SGLT2 stop date matters

Get urgent medical help for possible ketoacidosis: vomiting, stomach pain, deep or fast breathing, unusual sleepiness, confusion or feeling very unwell. This can happen even when your blood sugar reading is not very high. Tell the team if you take an SGLT2 medicine.

Never double a missed diabetes medicine dose after the procedure.

Insulin and insulin pumps

If you have type 1 diabetes, never stop all basal (background) insulin. Stopping basal insulin can cause ketoacidosis. Your dose may need to be lowered, but do not skip it unless a diabetes specialist tells you to.

General guidance - your written dose plan below overrides this table

Insulin type	Day before	Procedure morning
Mealtime rapid or short-acting **NovoRapid, Fiasp, Humalog, Apidra, Humulin R**	**Plan A:** usual doses with meals. **Plan B:** take no usual meal dose for a skipped meal. If you use fixed doses with carbohydrate-containing clear fluids, many plans use about **50%**. If you use a carbohydrate ratio, dose only for the carbohydrate you actually take.	Do not take mealtime insulin. Use correction insulin only if your plan says to. Restart with your first meal.
Long-acting basal, evening or bedtime dose **Lantus, Basaglar, Levemir, Toujeo, Tresiba**	A common plan is about **75-80%** of your usual evening dose. Type 1 diabetes, and Toujeo or Tresiba, need an individualized plan.	-
Long-acting basal, morning dose	Usual dose.	**Type 2:** often about **50%** of the usual dose. **Type 1:** follow your written plan. Never skip it.
NPH / intermediate **Humulin N, Novolin ge NPH**	Evening dose: often about **50%**.	Often about **50%** of the usual morning dose.
Premixed insulin **Humulin 30/70, NovoMix 30, Humalog Mix 25/50**	**Plan A:** usual doses. **Plan B:** often about **50%** while you are not eating normal meals.	Often about **50%** of the morning dose. Some plans switch to intermediate insulin only. Get exact instructions.
Insulin pump or automated system	**Plan A:** usual settings while eating. When fasting begins (or as your plan says), keep basal running. A common starting plan is about **75-80% basal**, or the exercise/activity setting on some automated systems. **Plan B:** start the reduced setting when clear fluids begin, if your plan says to.	**Keep basal running.** Do not bolus for a skipped meal. Bring pump supplies. Never disconnect for more than **1 hour** without specialist instructions.

My personalized insulin plan

Have the clinician who manages your insulin complete this before the day before your procedure.

Time	Insulin / pump setting	Usual dose	Dose or setting to use
Day before - meals (Plan B only)	_____	_____	_____
Evening / bedtime before procedure	_____	_____	_____
Overnight pump setting	_____	_____	_____
Procedure morning	_____	_____	_____
After procedure	_____	_____	_____

Plan completed by: _____ Date: _____ Phone: _____

Monitor, treat and arrive prepared

Check your blood sugar more often

- **If you use insulin, a sulfonylurea (gliclazide, glyburide, glimepiride) or a meglitinide (repaglinide, nateglinide):** check before meals and at bedtime the day before. On procedure morning, check when you wake up, before you leave home, and every **2-4 hours** until you are eating again.
- **If you take only other diabetes medicines or manage with diet:** if you have a meter, check when you wake up on procedure morning and before you leave home. Check any time you feel shaky, sweaty, confused or unwell. Your glucose will be checked when you arrive.
- **Everyone:** treat any reading **below 4.0 mmol/L** as described below, and tell the team at check-in.
- **Keep your CGM on** unless the endoscopy team tells you otherwise. If your symptoms do not match the sensor, confirm with a finger-stick meter.

If blood sugar is low: below 4.0 mmol/L

Treat right away with 15 g of fast-acting sugar. Use 4 glucose tablets (or glucose gel), ½ cup (125 mL) clear apple or white grape juice, or ½ cup regular ginger ale or lemon-lime pop. **Recheck in 15 minutes** and repeat if still below 4.0.

- **Plan B:** do not eat solid food to treat a low during the clear-fluid day.
- **After your applicable food/fluid cutoff:** always treat a low for safety, preferably with glucose tablets or gel. Tell the team at check-in what you took and when. Your procedure time may need to change.
- **Get help** if you cannot raise your glucose, the low keeps coming back, you cannot swallow safely, or you become confused or unconscious. A support person should **call 911 for a severe low**.

If blood sugar is high

- **Plan B:** choose sugar-free clear fluids if your glucose is **above 10 mmol/L**, unless you are treating a low.
- Follow your correction plan if you have one.
- Call your diabetes team or seek care if glucose stays **above 20 mmol/L**, you are vomiting, or you cannot keep fluids down.
- Check ketones if you have type 1 diabetes or recently took an SGLT2 medicine, when your plan advises it or if you feel unwell. Seek urgent help for possible ketoacidosis symptoms.

Bring to the hospital

- **If you use insulin, a sulfonylurea or a meglitinide (listed above):** bring your glucose meter, strips and lancets. These are essential, even if you use a CGM. Bring CGM supplies if you use one.
- **Other diabetes medicines or diet alone:** bringing a meter, strips and lancets is optional; bring them if you have them.
- **Everyone:** bring glucose tablets (or glucose gel), your medication list and your completed insulin plan if applicable.
- Pump supplies, a spare infusion set and insulin if you use a pump.
- Your most recent glucose reading, if available, and the time and dose of your last diabetes medicine or insulin.

After the upper endoscopy

- If throat spray was used, do not eat or drink until the team confirms it is safe and your swallowing is back to normal.
- Resume mealtime insulin with food. Return pump settings to normal according to your plan.
- Restart diabetes pills according to the table on page 2. Restart SGLT2 medicines only when eating, drinking well and back to your usual self.
- Continue GLP-1 medicines as described on page 2 of your preparation form. If the office advised a hold, follow its restart plan. Do not double missed doses.
- Continue extra glucose checks for the rest of the day and the next day. Sedation and a late first meal can affect your readings.

Questions before you start? Call Dr. Wu's office at **(705) 645-2281 ext 3** or speak to your primary care provider or diabetes specialist.
On procedure day, if the office is unavailable: call South Muskoka Memorial Hospital Day Surgery at **(705) 645-4404 ext 3262**.

General patient information. Not a substitute for individualized medical advice.