Diabetes Management Before Colonoscopy

Patient handout

Colonoscopy preparation changes what you eat and drink. Your diabetes medicines may need to change too, so you can avoid low blood sugar, dehydration and ketoacidosis.



Your personal plan comes first. Use this sheet with your main bowel-preparation instructions. If your diabetes prescriber gives different instructions, follow that written plan. Call before prep day if anything is unclear.

Four things to do before prep day

- **Review every diabetes medicine.** Include injections and combination pills. Do not wait until the clear-fluid day.
- **Arrange a morning appointment if possible.** Shorter fasting is easier and safer for many people with diabetes.
- **Have supplies ready.** Meter, strips, lancets, CGM supplies, fast sugar and your medication list.
- **Get an insulin plan.** If you use insulin or a pump, have the dose box on page 3 completed before you begin.

Carbohydrates during 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

Hydration: Aim for at least 2 litres of permitted clear fluid on prep day, plus the fluid required with your bowel preparation, unless you have a fluid restriction. Avoid red or purple drinks.

Diabetes pills and non-insulin injections

Find your medicine below. Brand names are examples only. **For a combination pill, follow the earliest stop time for any ingredient.**

Medicine	Before and morning of colonoscopy	When to restart
SGLT2 inhibitors - "gliflozins" (e.g. Jardiance, Forxiga, Invokana)	Stop 3 full days before the colonoscopy. Stop ertugliflozin (Steglatro) 4 days before. Do not take during prep or on procedure morning. These medicines can cause ketoacidosis during fasting even when blood sugar is not very high.	Restart only when you are eating, drinking and feeling well.
GLP-1 / GIP medicines (e.g. Ozempic, Rybelsus, Wegovy, Trulicity, Victoza, Mounjaro)	Follow the separate GLP-1 instructions in your main preparation package. The plan depends on the medicine, dosing schedule, symptoms and procedure instructions. Call if you cannot find your plan.	Restart according to your written plan.
Metformin (e.g. Glucophage, Glumetza; also in combination pills)	Take as usual during the low-fibre phase. Stop when the clear-fluid diet begins. Skip on procedure morning.	Restart when you are eating and drinking normally.
Meglitinides (e.g. GlucoNorm/repaglinide, Starlix/nateglinide)	Stop when the clear-fluid diet begins. Skip on procedure morning.	Restart with your first normal meal.
DPP-4 inhibitors (e.g. Januvia, Trajenta, Onglyza)	Take as usual until procedure morning. Skip the morning dose.	Restart after the procedure when permitted to eat; usually that evening.
Pioglitazone	Skip on procedure morning unless your prescriber tells you otherwise.	Restart after the procedure when you are eating.
Any other diabetes medicine	Do not guess. Ask your prescriber, pharmacist or the endoscopy office before prep day.	Follow the written plan you receive.

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. It can occur even if the glucose reading is not very high. Tell the clinician 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 insulin. Stopping basal insulin can cause ketoacidosis. Your dose may need to be reduced, but it must not be omitted unless a diabetes specialist directs you.

General guidance — your written dose plan overrides this

Insulin type	What usually changes
Mealtime rapid or short-acting **NovoRapid, Fiasp, Humalog, Apidra, Humulin R**	Do not take a usual meal dose for a meal you skip. If you use fixed doses and drink carbohydrate-containing clear fluids, many plans use about 50% once clear fluids begin. If you use a carbohydrate ratio, dose only for carbohydrate actually taken. Use correction insulin only according to your plan.
NPH or first-generation basal **Humulin N, Lantus, Basaglar, Levemir**	A common plan is about 80% of the usual dose on the full day before, then about 50% if a dose is due on procedure morning. Exact timing and dose depend on your usual schedule.
Longer-acting basal **Toujeo, Tresiba**	These last longer and need an individualized plan. Many plans use about 50% for type 2 diabetes and 50–80% for type 1 diabetes, beginning the day before.
Premixed insulin **Humulin 70/30, NovoMix 30, Humalog Mix 25/50**	Usually reduced to about 50% while normal meals are not being eaten. A different basal-only plan may be safer for some patients. Obtain exact instructions.
Insulin pump or automated system	Keep basal insulin running. A common starting plan is about 80% basal when clear fluids begin, or the exercise setting for some automated systems. Do not bolus for a skipped meal. Bring pump supplies and 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 clear-fluid day.

Time	Insulin / pump setting	Usual dose	Dose or setting to use
Day prior to Colonoscopy — morning	_____	_____	_____
Clear-fluid day — evening	_____	_____	_____
Procedure morning	_____	_____	_____
After procedure	_____	_____	_____

Plan completed by: _____ Date: _____ Phone: _____

Monitor, treat and arrive prepared

Check your blood sugar more often

- On the day before: check before meals and at bedtime, and any time you feel symptoms.
- On procedure day: check about every 4 hours starting at 7:00 a.m., and any time you feel unwell.
- Keep your CGM on unless the endoscopy team tells you otherwise. If symptoms do not match the sensor, confirm with a finger-stick meter.

If blood sugar is low: below 4.0 mmol/L

Treat immediately with 15 g of fast sugar. During the clear-fluid phase use ½ cup (125 mL) clear apple or white grape juice, ½ cup regular ginger ale or lemon-lime pop, or glucose gel/tablets if permitted by your prep instructions. Recheck in 15 minutes and repeat if still below 4.0.

- Do not use solid food after the clear-fluid phase has begun.
- If a low occurs after your instructed fluid stop time, treat the low for safety and tell the endoscopy team. The procedure timing may need to change.
- Get help if you cannot raise the glucose level, the low returns, 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

- Choose sugar-free clear fluids if your glucose is above 10 mmol/L, unless you are treating a low. Continue checking and follow your correction plan.
- Call your diabetes team or seek care if glucose remains above 20 mmol/L, you are vomiting, or you cannot keep fluids down.
- If you have type 1 diabetes or recently used an SGLT2 medicine, check ketones when advised by your diabetes plan or if you feel unwell. Seek urgent help for possible ketoacidosis symptoms.

Bring to the endoscopy unit

- Your glucose meter, strips and lancets — even if you use a CGM.
- Fast-acting sugar, your medication list, and this completed insulin plan.
- Pump supplies, spare infusion set and insulin if you use a pump.
- Your most recent glucose reading and the time of your last diabetes medicine or insulin dose.

After the colonoscopy

- Restart usual meals gradually when the endoscopy team says it is safe. Resume mealtime insulin with food.
- Restart diabetes pills according to page 2. Restart SGLT2 medicines only when eating, drinking and feeling well. Do not double missed doses.
- Continue extra glucose checks for the rest of the day and the next day. Return pump settings to normal according to your plan.

Questions before you start? Call South Muskoka Internal Medicine at 705-645-2281 ext 3 or speak to your primary care provider / diabetes specialist.

General patient information — not a substitute for individualized medical advice.