

hospital stay / surgery & procedures

Being admitted to hospital for surgery or procedures requires preparation. Careful planning will ensure a safe and speedy recovery with minimal disruptions to your diabetes control.

For people with diabetes, there are important considerations and precautions you need to take when having surgery or a procedure that requires fasting, other preparations and general anaesthesia. Various factors can affect your blood glucose levels, such as stress, anxiety, inactivity and unpredictable eating patterns while in hospital. Well controlled diabetes will help to prevent complications from surgery such as infection, delayed healing and raised blood glucose levels.

Each person with diabetes will have unique needs. Here are a few tips to help you plan for your day surgery and to look after your diabetes during and after the procedure.

Planning for the procedure

- Before the day surgery, arrange a review of your diabetes management by your diabetes specialist, local doctor or diabetes educator to make sure your diabetes is well controlled. Blood glucose levels in the target range will help the healing process and reduce the risk of infection after the procedure.
- Before your review, aim to test your blood glucose levels more often. For example, if you're not already testing four times a day on two days a week or more, do so for about two weeks and remember to keep a written record. This will help your general practitioner during the review.
- When making the appointment for the procedure, ask to be scheduled first on the morning list so your diabetes is disrupted as little as possible.
- The person doing the procedure or arranging your appointment will give you instructions about what needs to be done before and on the day. If you need an interpreter, it must be arranged in advance. There is usually no cost in public hospitals for this service.
- Ensure your surgeon and anaesthetist are aware of your diabetes and have the contact details of your diabetes specialist.
- If you have any doubts about the procedure and the effect on your diabetes, discuss your concerns beforehand with the surgeon, your GP, diabetes specialist or educator.
- Changes to your insulin and diabetes tablets, particularly metformin, are often required before and after day surgery or procedures. This should always be discussed with the person performing the procedure and/or the doctor helping you manage your diabetes.

Make sure you tell everyone involved in the procedure, such as doctors, surgeons, anaesthetists and nurses, that you have diabetes and how it's treated. Also tell them about any other medical conditions you have and medications you are taking (including complementary therapies).



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The day before and day of the procedure

- Testing your blood glucose levels at least four times a day is advised for the day before and the day of the procedure.
- Take with you all the medications you are currently taking, or a list that says how much and how often you take all your medications including insulins, eye drops, over-the-counter medications and herbal preparations.
- If you are required to fast (nothing to eat or drink) or have only fluids before the procedure, and if you take diabetes medication or insulin, your dose may need to be changed temporarily. Ask your doctor what dose you should take on the morning of your procedure.
- Contact your local doctor, diabetes specialist, diabetes educator or the centre performing the procedure if your blood glucose level is persistently:
 - more than 10mmol/L before meals
 - more than 12mmol/L two hours after meals
 - less than 4mmol/L OR
 - ketones are present (type 1).
- If hypoglycaemia occurs, it **MUST** be treated. If a 'hypo' has been experienced, the doctor or person performing the procedure must be told about the 'hypo' and how to treat it. This treatment must be used before the procedure or surgery commences.
- For people with type 1 diabetes, insulin should not be delayed for more than 3 hours. If this becomes necessary, hospital admission and intravenous insulin and intravenous fluids may be advised. A delay in administering insulin will put the person at risk of diabetic ketoacidosis (DKA).
- If you use an insulin pump, special instructions should be arranged with your diabetes specialist or diabetes educator. The pump may remain in as arranged with your surgeon and anaesthetist or intravenous insulin and intravenous fluids may be started prior to the day surgery or procedure. Using a pump is acceptable for surgical procedures requiring local anaesthetic.

After the procedure is over / discharge from hospital

- It is very important to have a friend or relative take you home. Discuss this with the doctor or person doing the surgery or procedure.
- Check any other driving restrictions.
- When you get home, rest.
- Continue to check your blood glucose levels more regularly. High blood glucose levels may result from increased stress, pain or medication changes. Remember to follow the sick day guidelines.
- Resume your insulin and medications. Check with your doctor when you can restart metformin and the dose required. Insulin doses need to be reviewed in the weeks following discharge as your condition improves and blood glucose levels settle.

The design, content and production of this diabetes information sheet have been undertaken by:

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