

Type 1 Diabetes



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Medicines before Tests or Surgery

If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your test or surgery date. Follow your doctor's directions if they are different than the guidelines in this handout.

Diabetes medicines may need to be stopped or changed before a test or surgery. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before a test or surgery.

- **If you are on a clear liquid diet the day before your test or surgery,** call your doctor to check if you need to make other changes to your medicine dose.
- **Check your blood sugar the morning of your test or surgery.** If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your test or surgery that day.
- **Tell your nurse that you have diabetes** when you arrive at the test area or at pre-operative holding area.

Your insulin

These are general guidelines for how to take insulin before tests or surgery. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra or Regular insulin, do not take the dose the morning of your test or surgery.**
 - You can start your usual dose after your test or surgery when you are able to eat and drink.
 - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your test or surgery.
- If you take Detemir, Levemir, Glargine or Lantus insulin, reduce your dose either the evening before or the morning of your test or surgery to 80%.**

If you multiply your usual dose by 0.8, that gives you the reduced dose. For example, if your usual dose is 32 units, $32 \times 0.8 = 25.6$. Your reduced dose would be about 26 units. A reduced dose chart is on the next page for your reference.

- **If you are not sure, ask your doctor how much insulin you should take.** Take _____ units of _____ on the night before or the morning of your test or surgery.
- If you are able to eat and drink after your test or surgery, take your usual evening dose.
- Plan to check your blood sugar at least 4 times each day for 1 to 2 days after your test or surgery.

If you wear an insulin pump

- ❑ **And your test or surgery is less than 3 hours**, you and your doctor may decide to keep the pump on.
 - Place the catheter in a location away from the area where the test or surgery will occur.
 - Reduce the basal rates down by multiplying the set basal rates by 0.8, starting with the 12:00 midnight basal rate through the test or surgery and recovery.
 - Consider using a **temporary basal profile** based on 0.8 of your usual basal. Discuss this with your doctor.
 - Return to your usual basal rates after the test or surgery when you are able to eat and drink.
 - Plan to check your blood sugars more often for the next 1 to 2 days after your test or surgery.
- ❑ **And your test or surgery is longer than 3 hours or your doctor takes you off the insulin pump**, take _____ units of _____ on the morning of your test or surgery.

80% of usual insulin dosing chart

Use this chart to know how much insulin you need before a test or surgery at 80% of your usual dose.

Nearest to your usual dose	80% reduced dose
5	4
10	8
15	12
20	16
25	20
30	24
35	28
40	32
45	36
50	40
55	44
60	48
65	52
70	56
75	60
80	64
85	68
90	72
95	76
100	80

Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.