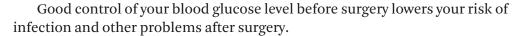
DIABETES GUIDELINES BEFORE CARDIOVASCULAR SURGERY

Why is it important to manage my blood glucose level before surgery?

It is always important to manage your blood glucose, but it is especially important to have good glucose control before surgery.





How does surgery affect my blood glucose level?

Stress before and after surgery can cause your body to release hormones that change your blood glucose level. Other changes related to surgery, such as diet and medications, can also make it harder to control your blood glucose level.

What should I do before I schedule my surgery?

See the doctor who manages your diabetes before you have surgery. Go over your self-management guidelines and ask your doctor about the best way to manage your diabetes before surgery.

Ask your doctor how you should adjust your diabetes medications or insulin before surgery. Also ask if you should have a correction scale to use if your blood glucose level is high on the morning of surgery.

Tell the person who schedules your surgery that you have diabetes and would like your surgery to be scheduled early in the morning. This causes the least amount of change to your insulin or diabetes medication schedule.

If you use an insulin pump and will have general anesthesia or a surgery that lasts longer than one hour, your insulin pump will need to be disconnected before surgery. Please bring enough pump supplies and insulin to last throughout your hospital stay. The pump will be reconnected when you are alert enough to manage it.

The week before surgery:

Carefully follow your diabetes treatment plan and test your blood glucose before each meal and at bedtime. Record the results and bring your blood glucose record with you when you come for surgery. You will not be allowed to eat or drink after midnight before the day of surgery, so you must have **oral glucose gel** (if you do not already have it) in case your blood glucose level is low on the day of surgery. You can buy the gel in the diabetes supply section of the drug store.

٠.	Your pre-meal blood glucose goal should be 90 to 130 mg/dl or
	Your bedtime blood glucose goal should be 100 to 140 mg/dl or

Please follow these guidelines the DAY BEFORE surgery:

If You Take Oral Diabetes Medication	If You Take Insulin
Continue to test your blood glucose at each meal and at bedtime. Write down the values and bring your record with you on the day of surgery.	Continue to test your blood glucose at each meal and at bedtime. Write down the values and bring your record with you on the day of surgery.
Continue to take your diabetes medication at the same times as usual, unless your doctor gives you other instructions.	Continue to take your insulin at the same times as usual, unless your doctor gives you other instructions.
Don't eat or drink anything after midnight.	If you take Lantus, Levemir or NPH, take it as prescribed the day before surgery.

Please follow these guidelines the MORNING OF surgery:

If You Take Oral Diabetes Medication	If You Take Insulin
Do not take your oral diabetes medication the morning of surgery.	Follow your diabetes doctor's instructions about taking insulin the morning of surgery. If you did not get instructions, follow the guidelines
	below.
Do not take any other diabetes medications, including exenatide (Byetta, Bydureon), liraglutide (Victoza), albiglitide (Tanzeum), dulaglutide (Trulicity), lixisenatide (Adlyxin) and pramlintide acetate (Symlin) the morning of surgery.	If you take Lantus, Levemir or NPH, take half of the prescribed dose the morning of surgery.
Do not eat or drink anything the morning of surgery. Do not swallow water when you brush your teeth.	If you use 70/30 or 75/25 (mixed) insulin, replace it with NPH the morning of surgery. Your NPH dose should be half of the mixed insulin dose that you normally take.
	If you have questions about the dose you are supposed to take, please talk to the doctor who manages your diabetes.
	If you use an insulin pump , continue the same basal rates the morning of surgery. The admission nurse will ask you for your basal rates and total dose of insulin.
	Please bring enough pump supplies and insulin to last throughout your hospital stay. When you arrive at the hospital, tell the admission nurse that you have an insulin pump connected.
	If the insulin pump needs to be disconnected because you are having general anesthesia or your procedure will last longer than an hour, the pump will be disconnected before you go to the operating room. The pump will either be given to a family member or locked in a safe place. Your insulin pump will be reconnected after surgery, once you are alert enough to manage it.

What should I do if my blood glucose is too low (less than 70 mg/dl) the morning of surgery?

- Take one tube of oral glucose gel. Squeeze entire tube of gel into mouth and swallow.
- Wait 15 minutes.
- Test your blood glucose.
- If it's still low, take another tube of oral glucose gel.
- If your blood glucose stays low after two treatments, come to the hospital as planned and **tell the** admission nurse your blood glucose level is low.

What should I do if my blood glucose is too high (more than 200 mg/dl) the morning of surgery?

- **If you take insulin:** take a correction dose of fast-acting insulin (use your correction or supplemental scale). If you do not have a correction scale, call the doctor who manages your diabetes.
- If you take oral medication for diabetes: Come to the hospital as planned, and tell the admission nurse that your blood glucose level is high.

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THORACIC AND CARDIOVASCULAR SURGERY

Appointments: 216.444.4466 or 800.223.2273 ext. 44466

Hearing Impaired (TTY) Assistance: 216.444.0261

This information is not intended to replace the medical advice of your doctor or healthcare provider. Please consult your healthcare provider for advice about a specific medical condition.

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