

# Preoperative Management of Diabetic Medications

## Non-insulin Medications

- **SGLT-2 Inhibitors**
  - stopped 3-4 days prior to surgery
  - Risks
    - UTI, hypovolemia, euglycemia DKA
- **Metformin**
  - stopped 1-2 days prior to surgery
    - Risks
      - lactic acidosis
- **Sulfonylureas**
  - stopped the morning of surgery (risk of hypoglycemia)
  - long-acting sulfonylureas are held 2-3 days prior to surgery
- **DPP-4 inhibitors**
  - Controversial recommendations
    - some discontinue day of surgery due to aspiration risk
    - others recommend continuing day of surgery due to the lack of risk of hypoglycemia
- **GLP-1 receptor agonists (once weekly mediations)**
  - stopped 1 week prior to surgery



# Insulin Management

## Preoperatively



- **Prandial insulin - e.g. regular, lispro, aspart**
  - Discontinue once fasting begins prior to surgery
- **Basal insulin - e.g. NPH, glargine, detemir)**
  - If the patient takes basal insulin in the a.m.
    - have the patient take between 1/2-1/3 of a.m. dose
  - If the patient takes basal insulin in the evening
    - have the patient reduce the dose by 25%
  - If the patient takes bid basal insulin
    - have the patient take between 1/2-1/3 of the a.m. dose and reduce the evening dose by 25%
- **Pre-mixed insulin**
  - reduce evening dose by 20% and reduce a.m. dose by 50%
    - hold morning dose if a.m. blood sugar is <120 mg/dL
- **Insulin pump**
  - continue the usual basal infusion rate

