

# Safe insulin prescribing tip 11

My insulin dependent patient is going for surgery what should I do?

## Elective Surgery?

- Aim for only short starvation periods (no more than one missed meal)
- Modify existing insulin therapy as per table 1 below
- Only consider GKI infusion if MORE than one missed meal

## Emergency Surgery?

- Continue long acting insulin (see table 1 for examples)
- STOP all other usual diabetes treatments
- Commence on GKI infusion.
  - See topic 19a of inpatient diabetes guidelines
- If possible, every effort should be made to stabilise diabetes before surgery.
- Aim to maintain blood glucose 4-12 mmol/l.

## Prescribing tips

- Ensure all insulin prescribed correctly before surgery
- Ensure documentation of plan clearly written in notes
- Communicate with nursing staff regarding possible temporary changes to dosing (if needed) as STAT doses may be missed
- If GKI used – once ready to eat, start usual insulin and stop GKI 30-60 minutes later.
- Make sure this is communicated to nursing staff
- Contact the diabetes team for advice if needed

Table 1: Peri-operative insulin adjustment for short starvation period - no more than ONE missed meal

Insulin type	Morning (AM) Surgery	Afternoon (PM) Surgery
<b>Once daily</b> (e.g. Toujeo, Tresiba, Lantus, Levemir, Humulin I, Insuman Basal)	No dose change Check blood glucose on admission	No dose change Check blood glucose on admission
<b>Twice daily</b> (e.g. NovoMix 30, Humalog Mix 25, Insuman Comb 25, Humulin M3 insulin)	Halve the usual morning dose. Leave evening dose unchanged Check blood glucose on admission	Halve the usual morning dose. Leave evening dose unchanged Check blood glucose on admission
<b>3, 4 or 5 injections daily</b> (Basal Bolus regime)	Omit the pre breakfast and pre lunch short acting insulins. Keep the basal (once daily) insulin dose unchanged.	Take usual morning insulin doses. Omit lunchtime dose. Check blood glucose on admission.
<b>3, 4 or 5 injections daily</b> (Premixed AM insulin e.g. NovoMix 30 insulin)	Halve the morning dose of pre-mixed insulin Omit lunch time dose. Check blood glucose on admission.	Take usual morning insulin doses. Omit lunchtime dose. Check blood glucose on admission.
<b>Continuous Subcutaneous Insulin Infusion</b> (CSII or insulin pump therapy)	Stop CSCII pump Use GKI until the patient is able to resume self management of pump.	Stop CSII pump Use GKI until the patient is able to resume self management of pump.

## Further info

The adult diabetes inpatient guidelines can be accessed [here](#).

- Section 20a contains useful information on Diabetes & Surgery

The joint British diabetes society guidelines can be accessed [here](#)