



**Wolverhampton
Diabetes Care**

Pre-Surgical Patient Information

Diabetes control at the time of surgery or other acute medical illness

Good control of blood glucose before, during and after surgical procedures or events such as heart attack, stroke and other acute medical illnesses is important and helps in the recovery from these events. It is important for people with diabetes to be aware of the management plan for diabetes before, during and after any planned procedure. They are encouraged to seek information and advice on any aspects that are unclear to them regarding the care planned for their diabetes. Whenever possible, this should be done well before a planned procedure.

How do I prepare for the admission for a planned procedure?

Your diabetes management should be discussed with you as part of the discussion and consent process for any operation or procedure. If there are particular problems with your diabetes, your surgical/ medical team can make arrangements with the Diabetes Outreach Team to offer further advice. You can also directly contact the Diabetes Outreach Team a few weeks before the operation, if your blood glucose control is not satisfactory or if you have other concerns about diabetes care. This would allow you sufficient time to adjust to your medication and achieve better control before the event.

Who would support my diabetes care whilst I am in the hospital?

You may be admitted to the hospital for reasons related or unrelated to your diabetes. The ward and the department where you are admitted would depend upon the reason for hospital admission.

The Diabetes Outreach Team would be available to support you and the ward staff irrespective of which ward you are admitted to. The Diabetes Outreach Team is a team of doctors, nurses, dieticians and chiropodists who support diabetes care for patients who are admitted to the hospital. They may routinely visit you during your hospital stay and make assessment of diabetes care or they may be requested to visit the ward under following circumstances:



**Wolverhampton
Diabetes Care**

Urgent assessment of any patient who is or heading towards any serious unstable diabetes state (progressively rising blood glucose and heavy ketonuria)

Any patient who is not in the above category but has a poor control of their diabetes, the outreach team would be contacted by the ward staff. Early contact with the Diabetes Outreach Team would help avoid postponement of surgery and to prevent any delay in discharge following surgery.

When diabetes care requires further attention following discharge and this may not be dealt with safely by the patient alone or by their general practitioner.

In addition, you can request the ward staff to contact the outreach team if you have any questions or concerns about the diabetes care that you are receiving.

What if there is an emergency admission?

For patients who have to undergo an emergency surgical procedure or are hospitalised for any acute medical condition, diabetes team has prepared standard protocols for acute management of diabetes and these are available on all the wards. Short guidelines are printed on the back of every hospital diabetes blood glucose record sheet. Guidelines can also be found on our website <http://www.wdconline.org.uk>.

Diabetes Outreach Team would be involved in the care as described above

What will happen to the diabetes treatment after I am admitted?

Diabetes treatment may or may not need to be altered and this will depend on diabetes background and the complexity of medical issues involved

People on diet treatment alone will be little affected.

Otherwise what will happen depends very much on what is planned. There are guidelines for most circumstances.

The regular dose of tablets or insulin may be modified or withheld on the day of the surgery and in some cases for a period of time before and/or after the surgery.



**Wolverhampton
Diabetes Care**

In many situations, good diabetes control will need insulin treatment via a drip into a vein and this is carefully controlled using a pump. Such intravenous insulin drips are usually given along with glucose to be sure that low blood sugars are avoided and an adequate amount of fluid is given. The blood glucose is monitored frequently by finger prick testing and maintained in a target range of between 4 and 10mmol/l.

After resumption of regular food intake, the usual treatment (tablet or insulin) will be restarted as before. However, on occasion, changes may need to be made in the light of circumstances. The treatment dose may be altered and in certain instances diabetes treatment may be changed if that is needed, for example from tablet treatment to insulin.

What would happen to the other aspects of diabetes care?

Standard 8 of the National Service Framework for diabetes states that "all children, young people and adults with diabetes admitted to hospital for whatever reason will receive effective care of their diabetes and wherever possible they will continue to be involved in decisions concerning their diabetes care". Where ever possible patients should feel in control of their diabetes and should be happy with the timing of their meals, snacks, blood testing and insulin injections. Keeping this in mind the following plan would usually be followed:

Blood Glucose Testing: Most patients with diabetes in the hospital need to check blood glucose four times a day. The nursing staff would routinely do the test although you can undertake the test yourselves. The staff may need to check your technique and they may need to do additional tests.

Injections: Inform the ward team of your usual insulin treatment and bring your own supplies with you. If they are removed for safe keeping, make sure that they are returned to you at the end of your stay. The nursing staff on the ward would administer insulin. However if you have been on insulin and/or you have been successfully trained in insulin administration during your current hospital stay, you can administer insulin yourself. Under these circumstances the nurses may check your injection technique. Adjustment of the insulin dose whilst on the ward should only be undertaken in conjunction with the nursing and medical staff.

Meals: Whilst in the hospital you would receive the diet prepared for people with diabetes. If you have any other medical condition with specific diet requirements you should inform the ward staff.



**Wolverhampton
Diabetes Care**

You should continue to receive breakfast, lunch and evening meal at a fixed time, with snacks in between meals and at bedtime. Expect to be able to use your own emergency supplies of biscuits, sugary drinks and fruit or glucose tablets to treat hypoglycaemia if you are on insulin or sulphonylurea tablets — you should bring these supplies with you. If you do experience a hypo, inform your nurse or doctor. If you are unsure about the diet you can request to speak to a dietician

Communication: If your first language is not English, hospital staff would bring in an interpreter and involve family members and friends where appropriate.

What would happen to diabetes care after discharge from the hospital?

At the time of discharge, you should be clear about the plan for diabetes. You would need to know what to watch out for including high or low blood sugar readings, the doses of any treatments especially if they have been changed and the use of any newly provided equipment such as insulin pens and blood testing machines and strips. You would be provided with a discharge summary that gives a full list of medications and the follow up arrangements. On returning home, the diabetes treatment may require further modification. You should monitor blood glucose levels more frequently and adjust medication as needed, seeking advice and assistance whenever required. You should be clear about whom to contact if there are any concerns about diabetes – this will usually be your general practice team or the Diabetes Outreach Team

Seeking advice and summary of what care to expect

The medical team who are planning your surgery or procedure should be your first port of call. They need to know about your concerns and they can give you a plan as to what will happen with your diabetes care and treatment. Your general practice team can also help. If you remain concerned or if you believe your diabetes is not safely controlled you are welcome to contact the Diabetes Outreach Team who will try and help. It may be that you will be referred to them any way as part of the preparation for your operation, procedure or test. You can also look at the web site which carries all of the protocols and guidelines form the care of diabetes at this time. <http://www.wdconline.org.uk>



**Wolverhampton
Diabetes Care**

You should expect that your diabetes will be considered where an operation or a test is being planned; that you will get specific advice about what to do about your diabetes treatment in the run up to the admission; that if there are specific problems you will be seen by the Diabetes Outreach Team and given further advice and support; that there will be a clear protocol of care for your diabetes during the procedure; that throughout your stay your diabetes will be monitored for safe control; that your meals, treatment and blood testing will be given at the appropriate time and that you will feel in control of your diabetes and would be involved with any decision making and that any change in treatment would be fully explained to you.

Contact details

If you feel uncertain or lack confidence about your diabetes control as you approach any admission for an operation, procedure or test please feel free to contact the Diabetes Outreach Team on the numbers below. When you contact us we will need to know the expected date of admission what it is that you are having done, your diabetes treatment, your current blood testing results and if contacting after discharge some information about your hospital admission. Please explain to us clearly what exactly it is that you have concerns about and be sure that you get satisfactory answers, help, advice and support.

Diabetes Outreach Team

Direct Line 01902 695317 or ask via the hospital switchboard on 01902 307999