



SPECIALTY MEDICINE,  
EXCEPTIONAL CARE

### Diabetic Diet and Medication Instructions for Colonoscopy/Flexible Sigmoidoscopy

The following information is both diet and medication recommendations for our diabetic patients undergoing endoscopic procedures. Please call if you have any questions about these suggestions. Depending on your specific situation, we may refer you back to your PCP or Endocrinologist for further instruction.

**For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage blood glucose.**

- Schedule the appointment for early in the day so that you can eat afterwards and take your medication as close to the usual time as possible.
- Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure.
- Check your blood glucose if at any time you have symptoms of low blood glucose or very high blood glucose.
- If you are using a 2-day or 3-day prep, please follow these instructions for each day you are on the clear liquid diet.

**DIET: Refer to CLEAR LIQUID DIET FOR ENDOSCOPY handout for choices for the day before your colonoscopy:**

- Aim for **45 grams of carbohydrate at meals and 15-30 grams of carbohydrate for snacks. Avoid anything that is colored RED or PURPLE. Look for CLEAR, YELLOW, ORANGE, BLUE, OR GREEN flavors (PINK is ok too) (examples: lemon, lime, apple, white grape, peach, banana, blue raspberry).**
- Getting plenty of protein is important. Look for clear protein drinks like **Atkins Lift Protein Drinks, Ensure Active Clear, and Boost Breeze**, which are available at many grocery stores and drug stores and online. **NOTE:** If you can only locate red or purple options, it is okay to drink a limited amount, but no more than two bottles or containers per 24 hours, preferably diluted with other clear fluids, like club soda, Sprite/7-Up, sparkling water, etc.

<b>Food Item:</b>	<b>Grams of carbohydrate</b>
Ensure Clear (4 ounces)	18
Boost Breeze (4 ounces)	27
Clear apple juice (not cider) (4 ounces)	15
White grape juice (4 ounces)	20
Sports drink such as Gatorade	14
Gelatin (Jell-O), regular sweetened (1/2 cup)	15
Popsicles or ice pops (read label)	15
Italian ice – not sherbet (read the label)	30
Coconut water (8 ounces)	11
Sugar (for coffee or tea) (1 teaspoon or packet)	4
Atkins Lift Protein Drink	0
Fat-free broth, bouillon or consommé	0
Diet clear soda	0
Coffee	0
Tea, unsweetened or diet	0
Seltzer	0
Flavored water	0

**SAMPLE MENU**

**Avoid foods that are red or purple. Snack throughout the day and drink lots of water.**

<b>Breakfast:</b>	<b>Lunch:</b>	<b>Dinner:</b>
Apple or white grape juice (1 cup) Regular sweetened gelatin (1cup) Tea with lemon	Broth Italian ice (1/2 cup) Tea with lemon Regular sweetened gelatin (1/2 cup)	Broth Apple or white grape juice (1 cup) Tea with lemon Regular sweetened gelatin (1/2 cup)

**ADJUSTING YOUR DIABETIC MEDICATIONS:**

- Follow these instructions from the start of the clear liquid diet until your procedure.
- Do not make up or "double up" on any missed medication after the procedure.
- If your medication is not listed, talk to your endocrinologist or your primary care provider.

If you take:	DAY PRIOR TO PROCEDURE (Preparation Day)			DAY OF PROCEDURE	
	<u>Morning</u>	<u>Lunch/ Dinner</u>	<u>Bedtime</u>	Instructions:	
<b>Actos</b> (pioglitazone) <b>Actoplus Met</b> (pioglitazone & metformin) <b>Avandia</b> (Rosiglitazone) <b>Avandamet</b> (Rosiglitazone maleate & metformin hcl) <b>Byetta</b> (exenatide) <b>Farxiga</b> (dapagliflozin)	<b>Glucophage</b> (metformin) <b>Invokana</b> (canagliflozin) <b>Januvia</b> (sitagliptin) <b>Janumet</b> (sitagliptin and metformin HCl) <b>Nesina</b> (alogliptin) <b>Onglyza</b> (saxagliptin) <b>Tradjenta</b> (linagliptin)	Take your usual dose	Take your usual dose	-	Take your usual dose
<b>Amaryl</b> (glimepiride), <b>Avandaryl</b> (glimepiride & rosiglitazone) <b>DiaBeta</b> (glyburide) <b>Glynase</b> (glyburide) <b>Micronase</b> (glyburide) <b>Duetact</b> (pioglitazone & glimepiride) <b>Glucotrol/Glucotrol XL</b> (glipizide)	<b>Glucovance</b> (glyburide & metformin) <b>Jardiance</b> (empagliflozin) <b>Metaglip</b> (glipizide & metformin HCl) <b>Prandin</b> (repaglinide) <b>Starlix</b> (nateglinide) <b>Victoza</b> (liraglutide)	Do not take	Do not take	Do not take	Do not take
Lantus or Levemir	Take your usual dose	-	Take your usual dose	-	Take ½ the usual dose
Humalog, Novolog, Regular Insulin or NPH Insulin <ul style="list-style-type: none"> <li>• If you use insulin sliding scale, you may continue using it.</li> </ul>	Take ½ the usual amount if you take a fixed dose – OR – Cover your carbs with your usual carb ratio	Take ½ the usual amount if you take a fixed dose –OR – Cover your carbs with your usual carb ratio	-	-	Do not take
Premixed insulin; 75/25, Novolin 70/30 or Novolog Mix 70/30	Take ½ the usual dose at breakfast	Take ½ the usual dose at dinner	-	-	Do not take
<b>Non-insulin injectables:</b> <b>Bydureon</b> (exenatide), <b>Tanzeum</b> (albiglutide), <b>Trulicity</b> (dulaglutide)	Take only if your weekly dose is due during this time.				
<b>Insulin Pumps</b> <ul style="list-style-type: none"> <li>• Contact your endocrinologist to discuss management of your insulin around the time of your procedure</li> </ul>	Contact your endocrinologist				