THE OREGON CLINIC SPECIALTY MEDICINE, EXCEPTIONAL CARE

Diabetic and Weight Loss Medication Instructions for Upper Endoscopy

(Esophagogastroduodenoscopy, Endoscopic Ultrasound, & Endoscopic Retrograde Cholangiopancreatography)

Review these instructions at least two weeks before your procedure as some diabetic and weight loss medications may need to be tapered 2 weeks prior and stopped 7 days prior to your procedure.

For people taking medications for weight loss, please refer to the GLP-1 agonists and phentermine sections on the below tables for medication holding instructions.

For people taking medication for diabetes, please refer to the below tables for medication holding instructions. ***Do not*** make up or "double up" on any missed medication after the procedure. Please call our office if you have any questions about these instructions. If your medication is not listed or if you have had any changes to your medication, contact your endocrinologist or primary care provider for instructions. 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 your blood glucose. For this reason, please review the instructions and tips listed below.

- Check your blood glucose level before all meals, 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.
- Aim for 45 grams of carbohydrates at meals and 15-30 grams of carbohydrates for snacks. Getting plenty of protein is also important. Clear protein drinks such as **Boost Breeze**, **Ensure Clear**, **Atkins Lift**, or **Premier Protein Clear** are encouraged but not required. These are often found in the nutritional supplement aisle or online.
- If your blood sugar is low, you may have up to 4 oz of a clear sugar liquid such as apple juice up to 2 hours prior to your procedure.
- If you use a CGM (continuous glucose monitor), continue to use it before, during and after the procedure.

MEDICATION	14 DAYS BEFORE PROCEDURE	7 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
Phentermine + Topiramate (Qsymia)	Contact your prescribing physician for tapering instructions.	Complete tapering instructions and stop taking 7 days prior to your procedure.	Resume once meals and adequate hydration have resumed.
Phentermine (Adipex, Adipex-P, Atti-Plex P, Fastin, Ionamin, Lomaira, Phentercot, Phentride, Pro-Fast)	Continue as normal.	Stop taking 7 days prior to your procedure.	Resume once meals and adequate hydration have resumed.
GLP-1 agonists: Dulaglutide (Trulicity) Semaglutide injection (Ozempic, Wegovy) Tirzepatied (Mounjaro) Exenatide (Byetta) Exenatide ER (Bydureon)	Continue as normal.	Stop taking 7 days prior to your procedure.	Resume once meals have resumed. Once weekly injectable should be taken the evening of the procedure if it was held before the procedure.

MEDICATION	4 DAYS BEFORE PROCEDURE	DAY OF PROCEDURE
SGLT-2 inhibitors: Bexagliflozin (Brenzavvy) Canagliflozin (Invokana) Dapagliflozin (Farxiga) Empagliflozin (Jardiance) Ertugliflozin (Steglatro)	Stop taking 4 days prior to your procedure.	Resume once meals and adequate hydration have resumed.

MEDICATION	DAY OF PROCEDURE
GLP-1 agonists: Liraglutide (Victoza/Saxenda) Lixisenatide (Adylxin) Semaglutide oral (Rybelsus)	Stop taking once clear liquid diet starts. Resume once meals have resumed.

Biguanides: Metformin (Glucophage) Metformin ER (Glumetza)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Thiazolidinediones: Pioglitazone (Actos)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
DPP-4 inhibitors Alogliptin (Nesinia) Linagliptin (Trajenta) Sitagliptin (Januvia) Saxagliptin (Onglyza)	Stop taking once clear liquid diet starts. Resume after meals have resumed the evening after the procedure.
Sulfonylureas: Gliclazide (Diamicron) Gliclazide MR (Diamicron MR) Glimepiride (Amaryl) Glipizide (Glucotrol/Glucotrol XL/Minodiab) Glyburide (Diabeta/Micronase/Glynase)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Meglitinides: Nateglinide (Starlix) Repaglinide (Gluconorm/Prandin)	Stop taking once clear liquid diet starts. Resume once meals have resumed.
Insulins-Rapid/Short acting: Aspart (Novorapid/Trurapi) Faster insulin aspart (Fiasp) Glulisine (Apidra) Lispro (Admelog/Humalog) Regular human insulin (Humulin R/Novolin R) Human bio synthetic insulin (Entuzity)	If taking a fixed dose and/or a sliding scale, take 50% of the usual dose once the clear liquid diet starts. If insulin dosing is based on insulin to carbohydrate ratio, continue typical rapid- acting insulin dosing. Resume as prescribed once meals have resumed.
Insulin-Intermediate acting: NPH (Novolin ge NPH)	Take 80% of the normal dose once clear liquid diet starts and 50% of the normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
Insulin-First-Generation Basal: Glargine (Lantus/Basaglar) Detemir (Levemir)	Take 80% of the normal dose once clear liquid diet starts and 50% of the normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
Insulin-Second-Generation Basal: Glargine U300 (Toujeo/Toujeo Doublestar) Degludec U100 and U200 (Tresbia)	Type 1 diabetics should take 80% of normal dose once clear liquid diet starts and 80% of normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose. Type 2 diabetics should take 80% of their normal dose once clear liquid diet starts and 50% of normal dose if due the morning of the procedure. Once eating regular meals, resume normal dose at next scheduled dose.
For patients wearing an insulin pump: For newer insulin pumps that work with sensors in an automatic mode no action is needed as the pump will adjust insulin levels accordingly.	For insulin pump NOT connected to a sensor, basal insulin rate should be reduced to 80% of your normal rate once the clear liquid diet begins. Once meals have resumed, insulin pump dosing should be resumed at the normal dose and interval.

Source: Chirila et al; JCAG 2023, 6, 26-36