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Diabetes and weight-loss medicines around surgery

> **The short version.** Do not stop or change any diabetes or weight-loss medicine on your own. You will be given a written plan for the days around your procedure, because the right choice depends on the medicine, the operation and your kidneys. If you have not received a plan, contact my rooms.

Two things matter here. Fasting and surgery can push your sugar too low or too high, and some medicines need to be paused for their own reasons — especially the "flozin" tablets, which can very rarely cause a serious acid build-up (ketoacidosis) even when your sugar looks normal.

What usually happens

MEDICINE	COMMON APPROACH
Metformin	Usually continued. If your kidney function is reduced (eGFR under 45) it is usually paused and only restarted once your kidneys are back to their usual level.
"Flozin" tablets empagliflozin (Jardiance), dapagliflozin (Forxiga), canagliflozin (Invokana), ertugliflozin	Usually stopped **3 days before** surgery (2 days before plus the day of surgery) for any operation needing an overnight stay or bowel preparation; for day surgery, often just on the day itself. Not restarted until you are eating normally — at least 2 days after major surgery, the next day after minor surgery.
Gliclazide, glimepiride, glipizide (sulfonylureas)	Often skipped on the day of surgery, because they can drop your sugar while you are not eating.
Insulin	Usual doses up to and including the night before. Long-acting (basal) insulin is usually continued, reduced by about 20% if you have had recent overnight lows. Mixed insulins usually have the morning dose halved and the lunchtime dose omitted. Your written plan will be specific to your regimen.
Sitagliptin, linagliptin, vildagliptin (gliptins)	Usually continued.
GLP-1 medicines semaglutide (Ozempic, Rybelsus, Wegovy), dulaglutide (Trulicity), liraglutide (Saxenda, Victoza), tirzepatide (Mounjaro), exenatide	**Usually continued** — you keep taking it as normal. Because these medicines slow the stomach emptying, the preparation changes instead: **the whole day before your procedure you drink clear fluids only and eat no solid food**, then on the day you take small amounts of water (about 125 mL an hour) until a set time — 6 am for a morning procedure, 11 am for an afternoon one — when all drinks stop. You will be given the exact times in writing. Tell me you take one of these: the anaesthetic plan may be adjusted, including with an ultrasound of your stomach on the day.

One thing has changed recently. The Australian and New Zealand College of Anaesthetists now advises **continuing** the GLP-1 medicine with a longer dietary preparation, rather than stopping the medicine. The Australian Society of Anaesthetists' 2024 fact sheet still suggests considering a pause of about three half-lives in people using these medicines for weight loss rather than diabetes. Both are Australian bodies, and the disagreement is real. In practice: keep taking it, follow the written fasting instructions you are given, and if anyone tells you to stop it, ask what the fasting plan will be instead — because an unemptied stomach is the risk being managed either way.

Tell me if, in the days before surgery: you have nausea, vomiting, bad abdominal pain, severe reflux or heartburn, or you feel generally unwell — particularly if you take a "flozin" tablet. Those symptoms can be the first sign of ketoacidosis. We check blood ketones on the day for anyone on a flozin. A ketone level above 1 mmol/L needs urgent attention and your operation may be postponed.

On the day

- **Bring your glucose meter** and your recent readings, and your insulin and needles if you use them.
- We aim for a blood sugar of **5–10 mmol/L** around your procedure and check it regularly, hourly while you fast in hospital.
- **Do not drive yourself** after a hypoglycaemic episode or after sedation/anaesthesia.
- If you are unwell on the day, a non-urgent operation is usually postponed. Call us before you travel in.
- If your HbA1c is above 9% (75 mmol/mol) and your surgery is not urgent, we may review the timing to get your control better first.

What to tell me at the pre-anaesthetic consultation

- Which diabetes medicines you take, and whether any are for weight loss rather than sugar.
- Your most recent HbA1c, and any recent low sugars — especially overnight ones.
- Any kidney problems, and whether your eGFR has been checked recently.
- Whether you have had nausea, vomiting or reflux since starting a GLP-1 medicine.

On your phone: anaesthesia.herman.au/p/2
Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.
Adapted from the **ADS–ANZCA Perioperative Diabetes and Hyperglycaemia Guidelines (adults), November 2022 (v2)**, the Australian Society of Anaesthetists **FS1 Perioperative management of patients on GLP-1 receptor agonists (September 2024)**, and ANZCA **PG07 (2024)** on delayed gastric emptying.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

Scan to read on your phone