

Gastro Services & Facilities

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TO TREATING DOCTOR

RE: SGLT2i MEDICATION AND COLONOSCOPY

Dear Dr _____,

Date: _____

Re/ Patient Name: _____ Date of Birth: _____

For colonoscopy on/...../..... at
Eastern Endoscopy Centre / Sunnybank Private Hospital / Mater Private Hospital.

All patients taking Sodium Glucose Co-Transporter-2 inhibitor (**SGLT2i**) agents have an increased risk of developing **Severe Euglycaemic Ketoacidosis** whilst undergoing the fasting and possible dehydration associated with the preparation for their Colonoscopy. The recommendation from the **Australian & New Zealand College of Anaesthetists** and the **Australian Diabetes Society** is for cessation of these drugs three (3) days pre-operatively.

Sodium Glucose Co-Transporter-2 inhibitor agents:

FORXIGA - DAPAGLIFLOZIN
XIGDUO - DAPAGLIFLOZIN + METFORMIN
QTERN - DAPAGLIFLOZIN + SAXAGLIPTIN
JARDIANCE - EMPAGLIFLOZIN
GLYXAMBI - EMPAGLIFLOZIN + LINAGLIPTIN
JARDIAMET - EMPAGLIFLOZIN + METFORMIN
STEGLATRO - ERTUGLIFLOZIN
SEGLUROMET - ERTUGLIFLOZIN + METFORMIN
STEGLUJAN – ERTUGLIFLOZIN + SITAGLIPTIN

As the treating doctor, please indicate below the advice given to your patient re/ cessation of these medications.

Date _____

I have informed the patient to cease _____ 3 days prior to the endoscopic procedure.

Signed _____ Drs Name _____
(Please print)

Email completed form to EEC.nurse@easternendo.com