

## Gastro Services & Facilities

Dr John Gibbons MBBS (Qld) FRACP  
Dr Kate Cayzer MBBS (Qld) PhD FRACP  
Dr Jillian Rosenstengel MBBS (Qld) FRACP  
Dr Nicholas Tutticci BSc MBBS (Qld Hons II)

**REPLY EMAIL: EEC.nurse@easternendo.com**

Date.....

Dear Dr.....,

Re: COLONOSCOPY for Name:.....

Date of Birth: ..... on ...../...../.....at .....(Hospital)

All patients taking Sodium Glucose Co-transporter-2 inhibitor agents (**SGLT2i**) 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 + LINGLIPTIN.**

**JARDIAMET - EMPAGLIFLOZIN + METFORMIN.**

**STEGALATRO - ERTUGLIFLOZIN.**

**SEGLUROMET - ERTUGLIFLOZIN.**

**STEGLUJAN- ERTUGLIFLOZIN.**

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.....Dr's Name (please print).....