Peri-operative management of the surgical patient with diabetes mellitus

Monday 20 November 2017
Organisers: Dr Nicholas Levy & Dr Aditi Modi, Bury St Edmunds

Programme

10:00 **Registration & coffee**

Session 1 – Setting the scene
Chair: Dr Aditi Modi, Bury St Edmunds

10:30 **The diabetes epidemic and effect on surgical outcome 2A12 & 1L05**
Dr Grainne Nicholson, London

10:55 **Overview of the peri-operative guidelines 1L05**
Dr Nicholas Levy, Bury St Edmunds

11:05 **Safe use of the VRIII 1A02**
Dr Dan Stubbs, Cambridge

11:15 **Insulins and Modification of insulins**
Dr Dan Stubbs, Cambridge

11:35 **Non insulin treatment of diabetes 1A02**
Dr Poppy Aldam, Cambridge

12:00 **Advantages and disadvantages of regional anaesthesia in the surgical patient with diabetes 2G01**
Dr Poppy Aldam, Cambridge

12:30 **Lunch**

Session 2 – The 2011 peri-operative management of the elective surgical patient with diabetes national guidelines
Chair: Dr Nicholas Levy, Bury St Edmunds

13:30 **How to organise a service that caters for patients with diabetes 1L02**
Dr Anna Lipp, Norwich

14:00 **Audit of 2011 national guidelines 1L02**
Dr Karen Leyden, Northampton

14:20 **Peri-operative management of the emergency surgical patient with diabetes (including DKA) 2A06**
Dr Jane Sturgess, Bury St Edmunds

14:50 **Peri-partum management of Diabetes 2B06**
Dr Aditi Modi, Bury St Edmunds

15:30 **Dilemmas and common problems in the care of the surgical patient with diabetes 2AO8**
Dr Aditi Modi, Bury St Edmunds

16:00 **Discussion and Close**

Learning objectives:

Diabetes mellitus is becoming a global epidemic. The drugs used to treat diabetes have changed dramatically in the last 20 years. The surgical patient with diabetes is becoming more common, and diabetes is a risk factor for a worse surgical outcome. It is now becoming increasingly appreciated that the surgical patient with diabetes has modifiable risk factors as well as non modifiable. The objectives of the seminar are to:

1. Appreciate the diabetes pandemic and the modifiable and non-modifiable risk factors associated with surgery on the patient with diabetes
2. Examine ways of making the sliding scale/VRIII safer and the pharmacology of the diabetes medications
3. Examine the advantages and disadvantages with regional anaesthesia in the diabetic patient and the benefits of undertaking day surgery for the patient with diabetes
4. Examine the issues in the management of the puerperal patient with diabetes and in the management of the emergency surgical patient with diabetes
5. Examine common pitfalls in the management of the surgical patient with diabetes