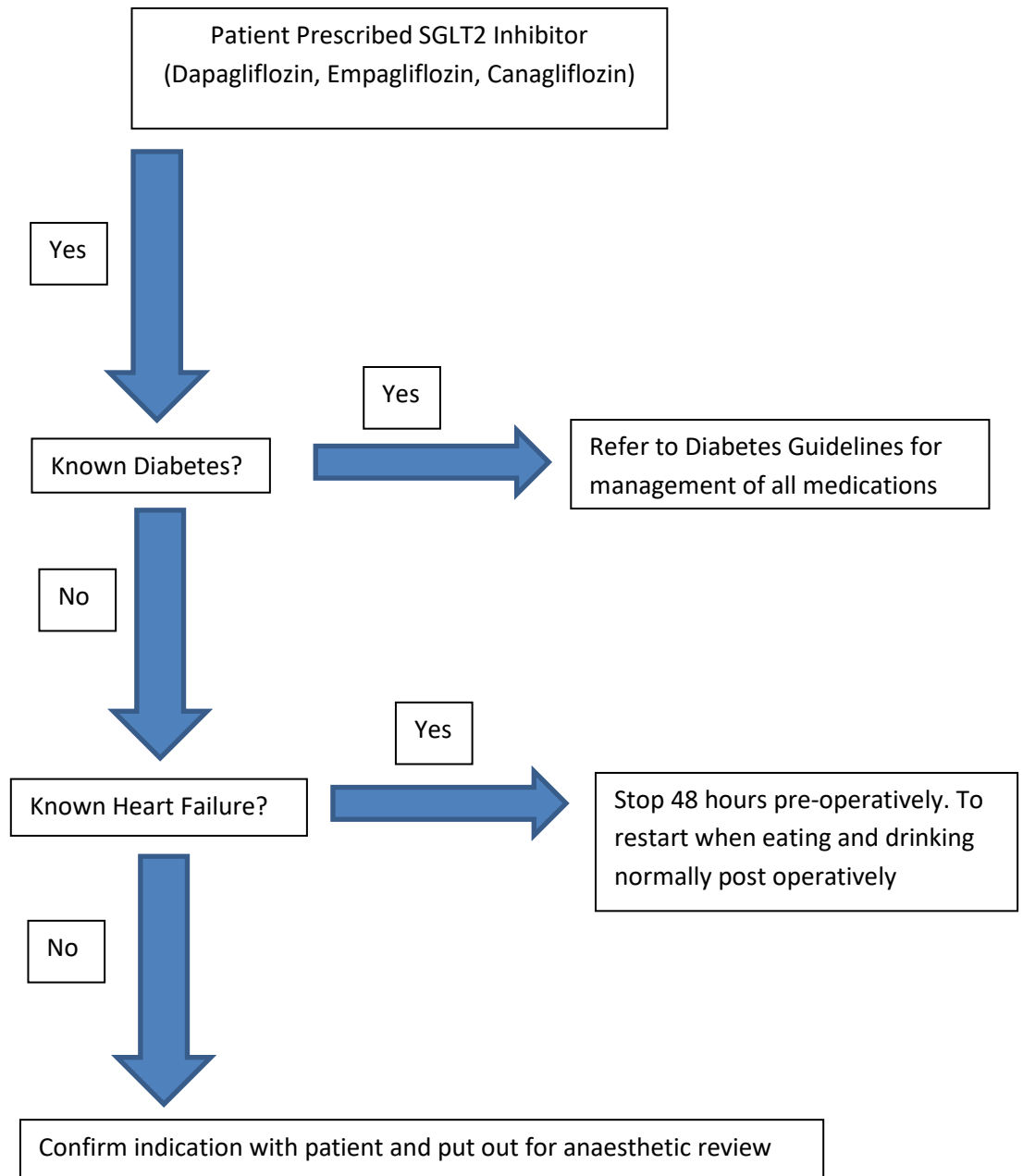


Management of SGLT2 Inhibitors (Dapagliflozin) in Heart Failure Patients for Elective Surgery



TARGET AUDIENCE	Preassessment Service, Anaesthetics, Surgical Specialties
PATIENT GROUP	Patients listed for elective surgery with heart failure and on an SGLT2 inhibitor for this indication

Clinical Guidelines Summary



Guideline Body

This section will normally contain more detailed information to support summary and should have a **content** list to start with in his section.

Contents:

1. Background
2. Situation
3. Recommendations

1. Background

The number of patients on SGLT2 (Sodium Glucose Co-Transporter-2) inhibitors for indications other than diabetes are increasing and as such we are likely to see more of these patients in Preassessment. In 2021 NICE ¹ recommended the use of Dapagliflozin in patients with Heart Failure with Reduced Ejection Fraction as there is a significant reduction in the risk of cardiovascular death or hospitalisation due to acute deterioration of heart failure.²

2. Situation

SGLT2 Inhibitors have been documented to cause hyperglycaemic diabetic ketoacidosis and euglycaemic diabetic ketoacidosis.³ It is rare for this to happen in patients not on other glucose lowering therapies unless: they develop an acute illness; have a prolonged period of fasting; undergo surgery.

3. Recommendations

Based on the current evidence patients on Dapagliflozin for heart failure should stop it 48 hours pre operatively for all elective minor/intermediate/major procedures.

Post operatively patients should restart Dapagliflozin when they are eating and drinking normally. This will vary widely depending on the patient and surgical procedure.

Going forward the indications for Dapagliflozin are likely to extend to other types of heart failure and to renal failure patients. As the body of evidence increases it may be possible to revise these guidelines futher.

Lead Author	Dr Claire Carson	Date approved	
Version		Review Date	

Perioperative Management Heart Failure Patients on SGLT2 Inhibitors

Lead Author	Dr Claire Carson	Date approved	
Version		Review Date	

References/Evidence

Any content in your guideline that is either quoted, paraphrased and/or borrowed from an external source must be attributed to the original.

For published papers, Harvard referencing style is preferable

1. <https://www.nice.org.uk/guidance/ta679>, Accessed 23rd August 2022
2. McMurray J., Solomon S., Inzucchi S., et al. (2019) Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction, NEJM. 381 (21)
3. Thiruvankatarajan V., Meyer E., Nanjappa N., Van Wijk R., Jesudason D. (2019) Perioperative Diabetic Ketoacidosis Associated with Sodium-Glucose Co-Transporter-2 Inhibitors: a Systematic Review, BJA. 123 (1)

Appendices

1. Governance information for Guidance document

Lead Author(s):	Dr Claire Carson
Endorsing Body:	
Version Number:	
Approval date	
Review Date:	
Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD

Contributing Author / Authors	Dr Robin Weir, Dr Sandeep Thekkepat
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Lead Author	Dr Claire Carson	Date approved	
Version		Review Date	

Perioperative Management Heart Failure Patients on SGLT2 Inhibitors

Consultation Process / Stakeholders:	
Distribution	

CHANGE RECORD

Date	Lead Author	Change	Version No.
		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
			2
			3
			4
			5

Lead Author	Dr Claire Carson	Date approved	
Version		Review Date	

Perioperative Management Heart Failure Patients on SGLT2 Inhibitors

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance

Lead Author	Dr Claire Carson	Date approved	
Version		Review Date	