

Perioperative Diabetes Management in Ambulatory Surgery Settings: A Survey of Society for Ambulatory Anesthesia (SAMBA) Members

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Background

- Prevalence of diabetes mellitus continues to rise, including among patient undergoing ambulatory surgery^{1,2}
- Professional societies have recently issued consensus statements, including the Society for Ambulatory Anesthesia (SAMBA) on the perioperative management of diabetic patients² and Society for Perioperative Assessment and Quality Improvement (SPAQI) on the management of GLP-1RAs³

Methods

- An anonymous, 23-question electronic survey was disseminated to 773 practicing SAMBA members between 12/11/2025-1/26/2026 via REDCap
- Questions addressed provider experience and practice type, diabetes management practices, familiarity with guidelines and barriers to their adoption, and educational tool preferences

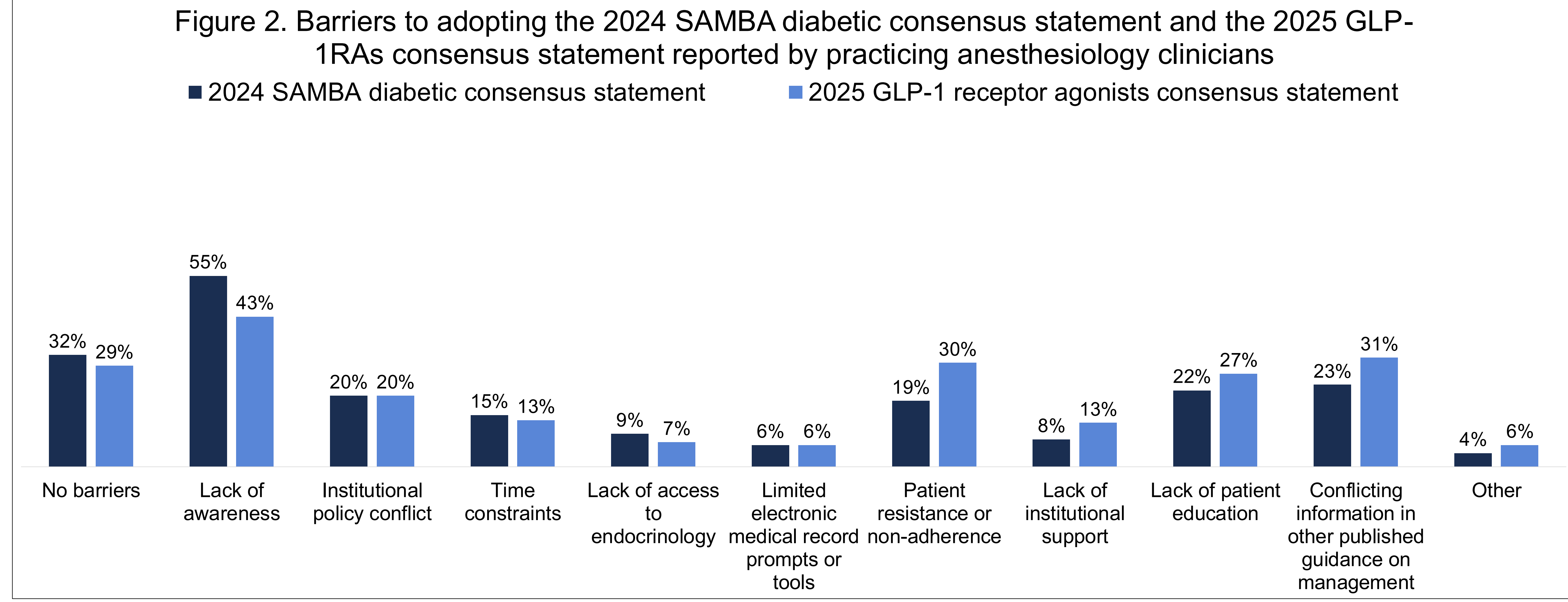
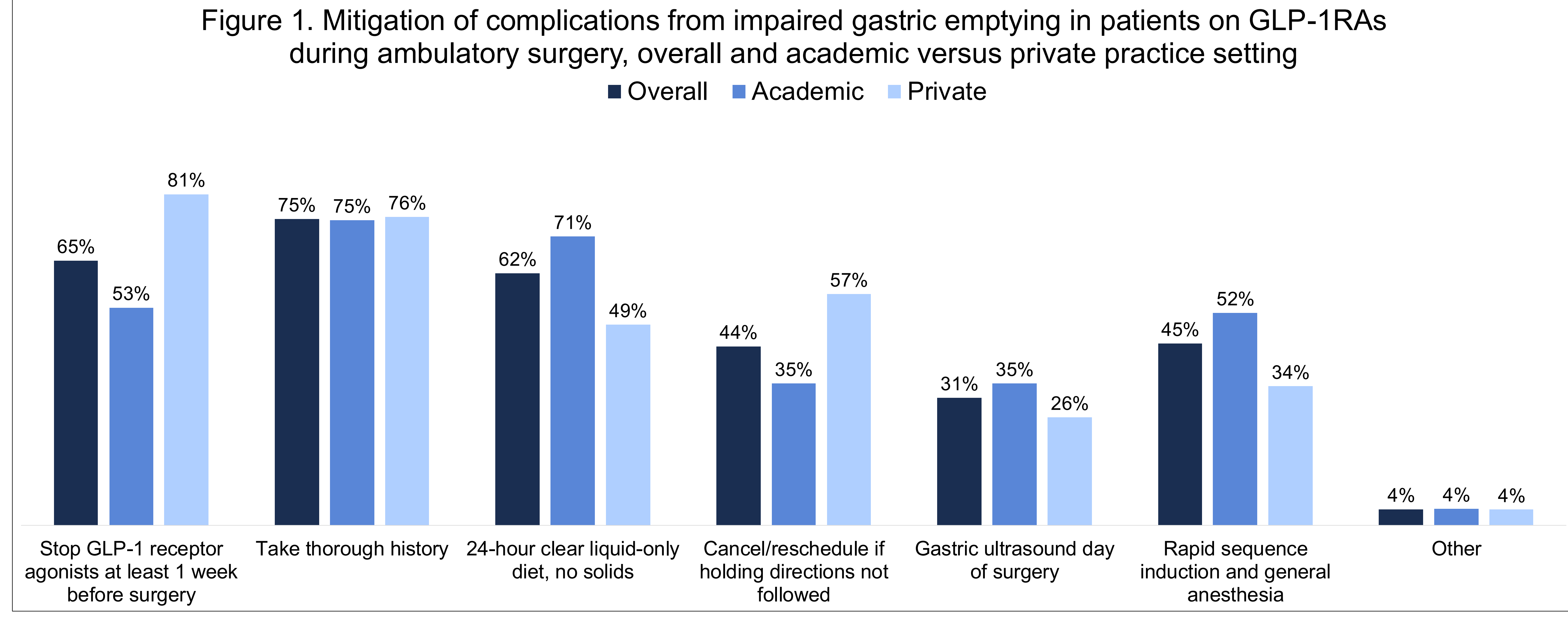
Results

Table. Demographic information and notable responses presented as count (%) stratified by practice type and location

	Overall	Practice Type		Practice Location	
	N = 128	Academic N = 75	Private N = 53	Hospital N = 52	Outpatient/Office/ASC N = 76
Anesthesiologist (versus Other)	126 (98.4%)	74 (98.7%)	52 (98.1%)	51 (98.1%)	75 (98.7%)
Practice Primarily Outside US	7 (5.5%)	3 (4.0%)	4 (7.5%)	1 (1.9%)	6 (7.9%)
Years in Practice					
0-5	8 (6.2%)	8 (10.7%)	0 (0.0%)	6 (11.5%)	2 (2.6%)
6-10	7 (5.5%)	3 (4.0%)	4 (7.5%)	3 (5.8%)	4 (5.3%)
11-15	22 (17.2%)	17 (22.7%)	5 (9.4%)	8 (15.4%)	14 (18.4%)
16-20	27 (21.1%)	15 (20.0%)	12 (22.6%)	9 (17.3%)	18 (23.7%)
21+	64 (50.0%)	32 (42.7%)	32 (60.4%)	26 (50.0%)	38 (50.0%)
Primary Practice Age					
Adults	93 (72.7%)	54 (72.0%)	39 (73.6%)	38 (73.1%)	55 (72.4%)
Pediatrics	9 (7.0%)	8 (10.7%)	1 (1.9%)	5 (9.6%)	4 (5.3%)
Both Equally	26 (20.3%)	13 (17.3%)	13 (24.5%)	9 (17.3%)	17 (22.4%)
Primary Practice Location					
Ambulatory Surgery Center	51 (39.8%)	21 (28.0%)	30 (56.6%)	0 (0.0%)	51 (67.1%)
Office Based	5 (3.9%)	0 (0.0%)	5 (9.4%)	0 (0.0%)	5 (6.6%)
Hospital Outpatient Dept	20 (15.6%)	14 (18.7%)	6 (11.3%)	0 (0.0%)	20 (26.3%)
Hospital	52 (40.6%)	40 (53.3%)	12 (22.6%)	52 (100.0%)	0 (0.0%)
Private Practice (versus Academic)	53 (41.4%)	0 (0.0%)	53 (100.0%)	12 (23.1%)	41 (53.9%)
Location of Primary Practice					
Urban	70 (54.7%)	49 (65.3%)	21 (39.6%)	35 (67.3%)	35 (46.1%)
Suburban	54 (42.2%)	23 (30.7%)	31 (58.5%)	15 (28.8%)	39 (51.3%)
Rural	4 (3.1%)	3 (4.0%)	1 (1.9%)	2 (3.8%)	2 (2.6%)
I proceed in patients with hyperglycemia*	118 (92.2%)	70 (93.3%)	48 (90.6%)	47 (90.4%)	71 (93.4%)
I do NOT postpone based on hemoglobin A1c levels	95 (74.2%)	58 (77.3%)	37 (69.8%)	42 (80.8%)	53 (69.7%)
My facility implemented a blood glucose management protocol	88 (68.8%)	64 (85.3%)	24 (45.3%)	45 (86.5%)	43 (56.6%)
My facility recommends withholding SGLT2 inhibitors**	104 (81.2%)	59 (78.7%)	45 (84.9%)	40 (76.9%)	64 (84.2%)
Encountered significant complications related to SGLT2 inhibitors or GLP-1RAs	26 (20.3%)	13 (17.3%)	13 (24.5%)	11 (21.2%)	15 (19.7%)
Not familiar with the 2024 SAMBA diabetic consensus statement***	20 (15.6%)	10 (13.3%)	10 (18.9%)	10 (19.2%)	10 (13.2%)

Abbreviations: ASC, ambulatory surgery center; GLP-1RAs, glucagon-like peptide-1 receptor agonists; SGLT2, sodium-glucose cotransporter-2. *Blood glucose > 180 mg/dL, to < 300 mg/dL, no diabetic ketoacidosis or hyperglycemic hyperosmolar nonketotic syndrome. **Exagliflozin, canagliflozin, dapagliflozin, and empagliflozin withheld for at least 3 days before surgery and 4 days for ertugliflozin. ***Society for Ambulatory Anesthesia Updated Consensus Statement on Perioperative Blood Glucose Management in Adult Patients with Diabetes Mellitus Undergoing Ambulatory Surgery.

Practice variation exists in perioperative diabetes management among ambulatory anesthesiologists, particularly regarding GLP-1RAs management and institutional glucose protocols. Limited awareness of contemporary guidelines and inconsistent institutional support appear to drive variability, especially in private practice and non-hospital settings.



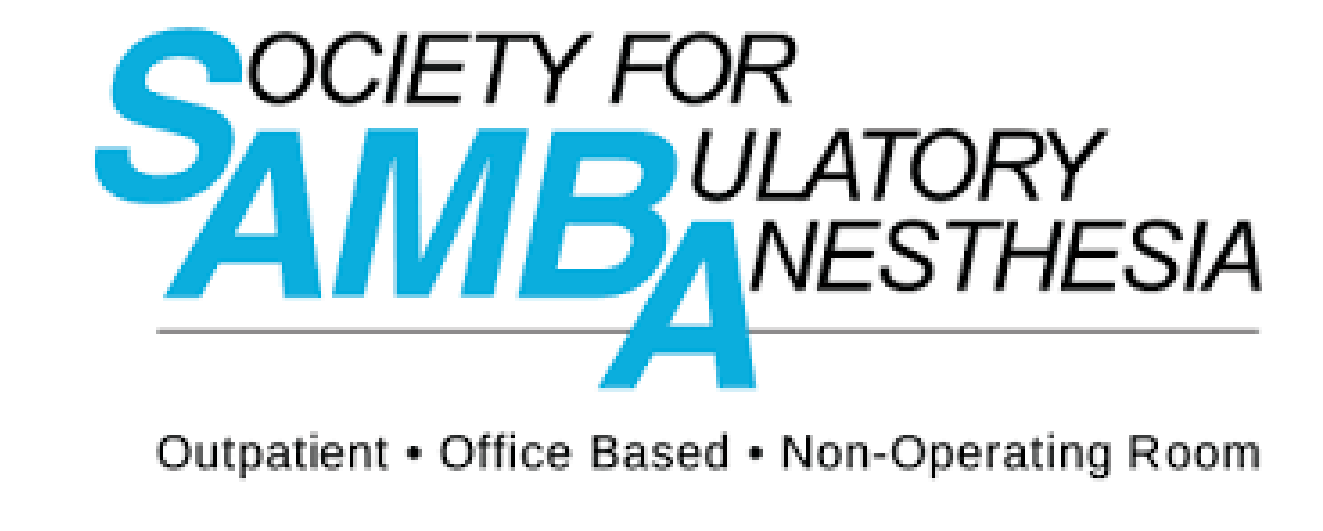
Conclusions

- In a survey of 128 SAMBA members, perioperative diabetes management varied widely across ambulatory settings
- Most proceeded with moderate hyperglycemia and did not delay surgery based on HbA1c alone, yet fewer than 70% reported institutional glucose protocols
- Practices for SGLT2 inhibitors and GLP-1RAs differed, with reported adverse events
- Limited guideline awareness was the primary barrier, underscoring the need for targeted education and standardized pathways to improve patient safety

References

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