

LGH Post Op Myocardial Injury after Non-Cardiac Surgery (MINS) Recommendations

****Note:** MINS Surveillance and/or Pre-Operative BNP testing apply **ONLY** to patients who are planned for admission to hospital for at least one overnight after surgery. MINS Surveillance/BNP testing **DOES NOT** apply to Daycare Surgical cases**

If pre-operative NT-proBNP less than 200 ng/L or BNP less than 92 ng/mL:

- No empiric post-operative ECG or troponin monitoring required unless otherwise clinically indicated

If pre-operative NT-proBNP 200 ng/L or greater OR BNP 92 ng/mL or greater OR if no preoperative NT-proBNP or BNP available but patient has a history of one or more of the following, then consider ordering post- operative ECG and troponin:

- Age 65 years or older
- Coronary artery disease
- Heart failure
- Creatinine more than 177 micromol/L
- Diabetes on insulin
- Stroke or Transient Ischemic Attack
- Undergoing intraperitoneal, intrathoracic, retroperitoneal or suprainguinal vascular surgery

If troponin is positive: (See Flow Diagram below)

- Order and review ECG, assess patient
- Consult **Periop Internal Medicine Service** (if: Troponin greater than 75 ng/L but less than 1000 ng/L and no new ECG changes suggestive of ischemia (e.g. T-wave inversion, ST depression, ST elevation) **AND** no chest pain
- Consult **Cardiology** if: Troponin is greater than 1000 ng/L **OR** new ECG changes suggestive of ischemia (e.g. T-wave inversion, ST depression, ST elevation) **OR** chest pain

Myocardial Injury after Non-Cardiac Surgery (MINS) Surveillance Flow Diagram

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