



Renal (MAG3) Study

PATIENT INFORMATION

What is a Nuclear Medicine Renal (MAG3) Study?

A Nuclear Medicine Renal (MAG3) study is a specialised scan that uses a radiopharmaceutical called Technetium-99m MAG3 to evaluate kidney function, drainage, and blood flow. It is commonly used to assess conditions like obstruction, renal artery stenosis, or differential kidney function by tracking how the kidneys process and excrete the tracer.

What will happen during the examination?

It is important you are well-hydrated before the study. This means you will need to drink at least one litre of fluid in the hour before your appointment. Unlike some tests where you need to keep your bladder full, for a Nuclear Medicine Renal Scan you can go to the toilet as often as needed without interfering with your preparation. Eating is also permitted.

You will receive a small injection into a vein (usually in your arm). This injection will not interfere with any medications you may be taking. It contains a small amount of radioactive material that enables the camera to image your kidneys. The scan will take approximately 1 hour.

Depending on what information your doctor has requested from the study, you may subsequently be given an injection of a medication called frusemide (lasix) that temporarily makes your kidneys produce more urine. An additional 15 minutes of imaging will then be performed. Sometimes the frusemide is given 20 minutes prior to the injection of the radioactive medication.

Pregnant and/or breastfeeding

This examination is not suitable for pregnant women.

Breastfeeding mothers should contact our department before their appointment to discuss any specific preparation. We suggest avoiding feeding from the breast and prolonged close contact with your baby for 12 to 24 hours after the injection. Feeding your baby with expressed breast milk or formula is recommended during this time. Patients who will be the primary care-giver to child under five on the day of the test, are recommended to maintain a certain distance (around 1 metre) from the children where possible. This is not essential but is recommended in the 12 hours following injection, to avoid very young children being exposed to small amounts of radioactivity unnecessarily.

After the examination

Our radiologist will review and report on your images and we will deliver them electronically to your doctor.



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