



For adults having an IDC

An IDC (indirect cystogram) is a nuclear medicine scan that is performed immediately after a renogram (kidney scan). It is used to detect any signs of urinary reflux from the bladder back up to the kidneys and/or to assess the drainage of the kidneys when the bladder is full vs. empty.

Is it safe for me to have the scan?

For this scan it is necessary to inject a small amount of radioactive tracer, called a radiopharmaceutical, in order to take the pictures. The small risk from this radiation dose is outweighed by the information that will be gained by having the scan. Ask if you want any more information. All investigations are vetted by the Medical Physics Team to make sure this is the appropriate test for you. If you don't understand why you need to have this scan please speak to the doctor who referred you.

Preparation for your scan

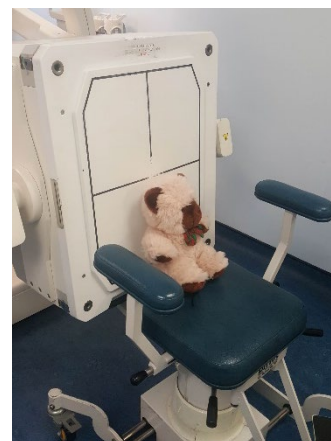
You should keep well hydrated before this scan (three cups of liquid before arrival and keep drinking once you get here), but can eat and take any medicines as normal.

The injection

The injection for this scan will be given during the renogram scan which happens prior to the IDC (please see the renogram information leaflet for more information).

What happens during an IDC?

The scan is taken by a special machine called a gamma camera. You will sit on a bedpan in front of the camera with your back leaning against the camera. You will be covered with a hospital gown and a curtain around you, for your privacy. You will then be asked to urinate whilst we take some pictures to see if there is any reflux. Once you have finished urinating, and the pictures have been checked, you will be allowed to leave the department.



After the scan

It is very unlikely that you will feel any side-effects after the scan, but if you think that you have please let the Medical Physics Department know. You may continue all your normal activities unless you have been advised otherwise.

After the scan there will be some radioactivity left in your body but this will not present a significant risk to other people. The radioactivity will soon disappear, and if you continue to drink plenty of liquids this will help clear the radioactivity more quickly.

The results

The scan will be looked at by a specialist doctor, who will issue a report. The report will be sent to the doctor who requested the scan rather than to your GP. This is because the doctor who requested the scan will have all the results from other tests and will be able to tell you how the result of this scan affects your care.

Contacting us

Medical Physics Department, Level 1 North Block, Monday to Friday, 9.00 am to 5.00pm.

If you have any questions about your child's treatment, please ask the staff looking after you or telephone 0118 322 7355 or email: rbb-tr.physics@nhs.net.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Physics & Clinical Engineering Department, January 2026. Next review due: January 2028.

The table below is a simple guide to the levels of radiation risks for various examinations. These are measured in millisieverts (mSv).

Source of exposure (using RBFT local diagnostic reference levels (DRLs) for Nuclear Medicine)	Dose
Having a chest x-ray	0.014 mSv
Taking a transatlantic flight	0.08 mSv
MAG3 Renogram	0.7 mSv
UK average annual radiation dose	2.7 mSv
CT scan of the chest – CT scan of whole spine	6.6 mSv – 10 mSv
Average annual radon dose to people living in Cornwall	6.9 mSv