



Electromyography (EMG) / Uroflow & Bladder Scan Testing for Your Child

These tests are a simple, noninvasive way for your provider to get more information about your child's bladder and how they urinate.

These tests tells us:

- How much urine is in your child's bladder before urinating
- How fast the urine flows out of the bladder
- If the urine stream starts and stops or is a continuous flow
- How the muscles are used when your child urinates
- How much urine is in your child's bladder after urinating

Getting ready for the test

- Your child must come to the test with a comfortably full bladder
- Your child should not urinate for 1.5-2 hours before the test. We understand this may not be easy for your child, but if your child's bladder is not full you may have to reschedule.
- Your child should drink at least 16-24 oz of water about 1 hour before the test and continue to drink until the test starts.
- Your child should not have any drinks with caffeine because it may affect results.

During the test:

Before the test, we will measure how much urine is in your child's bladder with a bladder scan. This is similar to an ultrasound and is not painful. A small amount of lubrication jelly will be applied to your child's lower abdomen. If the bladder is full enough, we will do the test.

Several sticky patches (EMG sensors) are placed on your child's body. Two patches will be on the buttocks close to the anal opening. Another patch is placed on the stomach. These patches measure how the muscles work that control urination (EMG test).

When the patches are in place, your child will urinate into a special toilet connected to a special computer sensor (uroflow test). After the test is done, a second bladder scan is done to measure how much urine is left in the bladder. This is called the post void residual (PVR).