



# THE M.O.P. KICKSTART GUIDE

**8 TACTICS TO TRY WHEN  
ENURESIS OR ENCOPRESIS  
TREATMENT STALLS**

By Steve Hodges, M.D., with Suzanne Schlosberg  
Illustrations by Cristina Acosta

**WOOT!**

“My 5-times-a-day ‘flooder’ is dry!”

“She’s pooping on her own!”

**BOOM!**

# INTRODUCTION

Two steps forward, one step back. Treading water. Spinning your wheels. Or, as one mom put it, “I feel like I am chipping away at a cement block with a garden hose!”

Whatever metaphor you choose, treating enuresis and encopresis — and the underlying constipation — can be a maddeningly slow process. We wish it weren't so!

When families start the Modified O'Regan Protocol (**M.O.P.**), they often assume enemas are so powerful that accidents will resolve immediately. **M.O.P.** seems so “extreme” compared to laxative powders and fiber gummies that quick progress seems guaranteed.

But the reality is, you're treating a chronic condition. No child's rectum became stretched overnight, and reversing the process won't happen instantly, either. As we emphasize in

*The **M.O.P.** Book: Anthology Edition*, cleaning out the rectum isn't enough. *Healing* the rectum is the goal — allowing this organ time to shrink back to size, regain tone and sensation, and stop aggravating the bladder nerves.

With **M.O.P.**, we have two rules of thumb that can seem at odds 1.) Give your regimen time to work, 2.) Don't stick with any regimen that's not helping. How do you know when to stay the course or shift gears? In general, make a change after any 30-day period without progress (“progress” is defined on page 14). But that's not an iron-clad rule. If your gut — or your child — tells you sooner that something's not working, adjust the protocol.

But how? That's what this guide is for.

**HERE WE OFFER 8 ADJUSTMENT STRATEGIES USED BY "GRADUATES" OF OUR PRIVATE FACEBOOK SUPPORT GROUPS – PARENTS WHO FACED SETBACKS AND DISAPPOINTMENT YET EXPERIMENTED AND PERSEVERED UNTIL THE ACCIDENTS STOPPED OR THEY COULD SEE THE FINISH LINE.**

These folks and their awesome children have been through it all and have much wisdom and encouragement to share!

One mom posted: “Last month, my 8-year-old was finally able to go to an overnight party with friends, and the look on his face the next morning made all the work we did feel absolutely worth it. **M.O.P.** was truly life-changing for my son.”

This boy began with bedwetting only — no daytime pee or poop accidents — and it took him 5 months of enema treatment to have consistent dry nights. It takes many kids even longer, especially if they began with both encopresis and enuresis or are starting as teenagers.

In another farewell note, a mom posted that her daughter, now 7, had been on **M.O.P.** for nearly a year, overcoming both poop and pee accidents: “My daughter is a different kid than she was a year ago! We went from daily outbursts and heightened anxiety to cooperation and logical discussions. My daughter is happy, cooperative, and grateful for the peace and freedom this regimen has afforded us.”



The Kickstart Guide assumes your child has been on some variation of **M.O.P.** for a few months and progress has stalled. However, if you're new to **M.O.P.**, these ideas may help you be proactive and save time.

Sometimes, regaining momentum is a matter of small tweaks. Other times, a more substantial shift is warranted.

In some cases, changing your mindset helps more than changing your child's enema or laxative. If you're feeling frustrated, try to ease up and accept that you can't control the trajectory of your child's recovery — not entirely, anyway.

"Let your child breathe, and understand that this will resolve, eventually, if you treat the physical piece, so the colon heals, and support your child's mental health along the way," advises Amanda Arthur-Stanley, Ph.D., a Colorado psychologist who is knowledgeable about **M.O.P.**

One mom in our support for ages 3 to 10 other parents to "emotionally prepared" for a long haul.

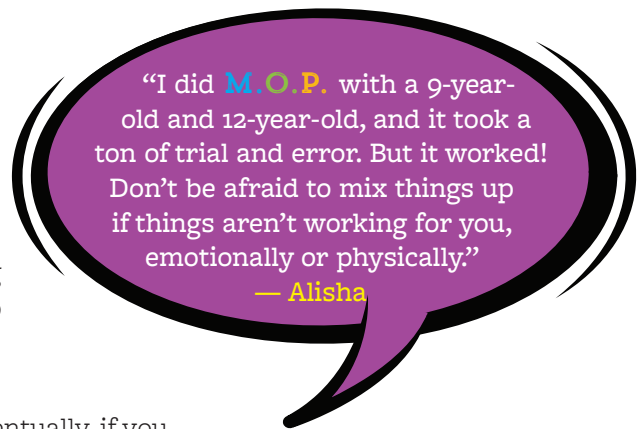
**"I THOUGHT THAT IF WE CAN PUT A MAN ON THE MOON, WE CAN GET IMPACTED STOOL OUT OF MY CHILD AND MOVE ON. MY BIGGEST SURPRISE HAS BEEN THAT FOR MY SON, THIS IS A LONG PROCESS."**

In short: Experiment. Take charge. Be bold. But don't drive yourself bonkers. "There are so many options in the **M.O.P.** toolkit," one mom wrote in a farewell post. "It takes time and patience, but eventually you figure out what works for your child."

**LET US KNOW HOW YOUR JOURNEY UNFOLDS!**



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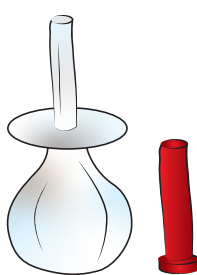


### A QUICK NOTE:

All page numbers referenced in this guide pertain to *The M.O.P. Anthology 4th Edition*. If you own an earlier edition, contact [Suzanne@BedwettingAndAccidents.com](mailto:Suzanne@BedwettingAndAccidents.com) for an upgrade coupon.

**THE M.O.P. ANTHOLOGY 4TH EDITION INCLUDES A COMPLETE GLOSSARY OF M.O.P. TERMINOLOGY. AS A REFRESHER, HERE ARE A FEW TERMS USED OFTEN IN THIS GUIDE:**

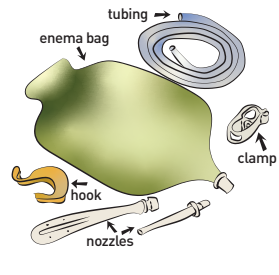
**LGS**  
Liquid glycerin suppository, an alternative to phosphate enemas.




**SP**  
Spontaneous poop, a bowel movement that happens in addition to a post-enema poop.



**M.O.P.+**  
A regimen involving high-volume enemas with stimulants.



**M.O.P.x**  
A regimen involving low-volume enemas plus stimulant laxatives.

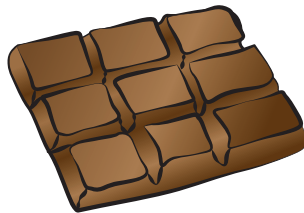


# TACTIC #1: ADD A STIMULANT LAXATIVE

Senna-based products such as Ex-Lax are not a standard part of **M.O.P.** but for many kids can jumpstart major progress. These laxatives not only stimulate pooping but also help the child connect the urge to poop with the act of pooping on cue.

## TRY THIS IF:

- Your child is a champion withholder.
- Your child has good enema output but remains clogged, as indicated by an x-ray or persistent accidents, due to lack of a daily SP.
- Your child has overcome daytime accidents on **M.O.P.+** but bedwetting persists. (In this case, switch to **M.O.P.x**. See page 92.)
- You tried to taper but your child wasn't pooping on the no-enema days, and accidents returned.



## THE OPTIONS:

Ex-Lax and generic-brand chocolate squares are popular but not available everywhere and not palatable to every kid. Alternatives include senna syrup, gummies, or tablets, which can be crushed and hidden in applesauce.

## DETAILS AND TIPS:

- Timing can be tricky (see page 74), so experiment on the weekends.
- Worried about dependence? See page 60.
- Increase your child's dose very gradually. See page 74 for guidelines.
- Alert your child to expect cramping, as some discomfort is usually necessary to reap the benefit.

**PROGRESSING!**

**BAM!**

"With Miralax, my son kept leaking poop and couldn't feel it. When we changed to Ex-Lax and added 1 tsp of fiber, he stopped leaking and started feeling the urge. **Boom!** Our magic formula. He'd say, 'I have to poop!' while sprinting to the bathroom.

— JENNIFER

**BOOM!**

"We used to use Ex-Lax only when my 7 y.o. skipped an enema. But since taking it daily, my previously 5-times-a-day 'flooder' is dry almost every day! Also, with adding Ex-Lax to LGS, my 9 y.o. has started having 3 to 5 dry pull-ups per week. **WOOT!** Feels like it took forever but so glad for a change in the positive!

— CINDY

**WHAM!**

"Finding the right dose of Ex-Lax has been a game-changer. We're treating encopresis and were unable to taper. Now we are down to two enemas a week, with no accidents for months!"

— SAMANTHA



**GRADUATING!**

**LYNN** "THIS PROCESS HAS GIVEN US OUR LIVES BACK AND SAVED MY SON'S DIGNITY!"

"We started when my son was almost 6 and having several poop accidents a week, including at school. Enemas instantly stopped the accidents, but shrinking the rectum has taken longer. Two months in, we hit a snag. **Ex-Lax was the game changer.**

On school breaks, we experimented with timing and landed on 3 p.m., so he'd have an SP at night. This is NOT a quick fix, but our quality of life has so much improved.

We also **taught our son about his body language** — straight legs crossed, off by himself, tummy ache — so he could recognize when he was withholding and needed to poop.

**Sharing this information with his teachers totally saved us, too."**

**RYAN**

**"REALLY COMMIT TO THE DAILY EX-LAX."**

"My 9-year-old daughter is now pooping on her own daily and has been accident free for several months. We're off enemas, and she takes just enough Miralax to keep things soft. I give credit to daily LGS + daily Ex-Lax.

You've got to find the Ex-Lax dose that will reliably produce a BM and make 'em take it every single day. She didn't like the taste of the chocolate, so we switched to the blue pills.

She complained of cramping, so we went down to 1 pill, but lo and behold — no poop. So, we went back up to 2 pills. Eventually, the cramping went away (or just stopped bothering her), but the pills were still producing.

It took time, consistency, experimentation and commitment, but **M.O.P.** worked for us."

**MALLORY**

**"IT'S CHALLENGING KEEPING TRACK OF 3 KIDS IN VARIOUS STAGES OF M.O.P!"**

"All three of my children made progress on **M.O.P.** but got stuck at 1-2 accidents every week or two. **Adding stimulant laxatives — senna pills for my oldest and Ex-Lax for the younger two — was the game changer!** Ex-Lax in the morning produced a daytime poop, followed up with the nightly enema. After that, accidents stopped. We did work up slowly to doses that reliably produced a poop every day. Because it caused bad cramps, I'd wait until their bodies got used to a dose before adding more."

**ELIZABETH**

**"BELIEVE IN AND STAY WITH THE PROCESS!"**

"After no success with our local pediatric GI and urologist, I felt defeated, with no direction or help for my child.

Back story: Our daughter had been potty trained early and was dry both day and night at age 2. But at age 6, she was having 8 to 10 pee accidents per day. She also had tummy pain, distended belly, and a UTI. But I was clueless.

What worked: The first month on **M.O.P.**, we saw small improvements. The second month, we stopped Miralax, continued with nightly adult LGS, and added Ex-Lax. Six months later, she's dry both day and night and is weaning off enemas. I'm so grateful! We avoid processed food as best we can and limit dairy, and she takes 400 mg of magnesium daily. Good luck to all of you!"

**EMILY** "MY SON WAS FINALLY ABLE TO GO TO AN OVERNIGHT PARTY WITH FRIENDS!"

"I let my son decide when he was ready to start the protocol, and it took him 6 months to get the courage and then 5 months to have consistent dry nights.

Natural Calm gummies didn't give him the consistent SPs, so we switched to daily Ex-Lax, which worked better. With phosphate enemas, he stopped flooding his pull-ups but only had occasional dry nights.

We added a bedwetting alarm to assess the timing of his accidents. I was shocked to learn he was holding it until an hour before he'd wake up. A week later, he was consistently dry. I wish we'd tried the alarm earlier to gauge his progress.

We continued nightly enemas and Ex-Lax for a month, then weaned off enemas. He had an accident when we ran out of Ex-Lax and let him go too long without pooping. We now keep a close watch and give him an Ex-Lax if he has not pooped that day.

I appreciate the camaraderie and feedback we received in this group."

# TACTIC #2: SWITCH ENEMAS

Accidents won't resolve unless the rectum is fully evacuated daily, a more challenging proposition than most parents realize. A year of daily enemas won't help if that particular enema solution doesn't empty that particular child. Be open to experimentation!

## TRY THIS IF:

- Your child's current enema produces meager output.
- Some aspect of the current enema bothers your child. For example, if phosphate causes internal burning, switch to LGS.
- An x-ray shows the rectum remains clogged. See p. 43 for important x-ray info.

## THE OPTIONS:

Phosphate enemas (sold as "saline laxative enema"), LGS, and large-volume enemas with glycerin and/or Castile soap are the most common options. See pages 70-71.

## DETAILS AND TIPS:

- Don't buy enemas in bulk until you've determined a particular type will work for your child.
- Don't rule out large-volume enemas (see page 88) just because they seem intimidating. A reusable enema kit saves money and lets you adjust the stimulant dose, volume, and flow rate.
- You can make your own LGS. (See page 71, or join our **M.O.P.** support group and search for photos posted by parents).

**PROGRESSING!**

**WOOT!**

"Large-volume enemas sound intimidating, but they are so easy and become your new normal. Our daughter prefers them, and her bedwetting has diminished."

— JANET

**WHAM!**

"We did **M.O.P.** for three weeks before I called it quits, and it took two more weeks to go back to being dry at night. It never ceases to amaze me how differently these treatments affect different kids! **Keep switching it up until you find what works!**"

— CINDY

**BOOM!**

"My 5-year-old tolerates the large-volume enema the best. She said Fleet phosphate enema 'burned,' and she gets no output with LGS. We're doing much better with saline plus Castile soap." — MEG

**POW!**

"We're constantly adjusting our enema formula. Castile soap initially made it harder for my son to hold, so I decreased the amount and then gradually added more. If he couldn't take the full volume, I'd reduce the saline by 50 ml or so. He's made a lot of progress — the poop accidents stopped completely. Now we're tackling bedwetting!"

— MEREDITH

**YEAH!**

"My 9-year-old can hold glycerin for a long time but can barely hold even 5 ml of Castile. For him, holding at least 10 minutes leads to better output. There is A LOT of trial and error!"

— NANCY



**GRADUATING!**

## JENNIFER

**"ANXIETY HAS BEEN LIFTED FROM OUR LIVES!"**

"Last summer, before starting **M.O.P.**, we went to an amusement park. We were still trying to treat encopresis with Ex-Lax and magnesium. Even with frequent trips to the bathroom at the park, she had two accidents and was so embarrassed.

Fast forward to now: 2.5 months into **M.O.P.**, she hasn't had a poop accident in almost 6 weeks. (Still working on night wetting). We went to a larger amusement park, and this time, I was not on edge. She went to the bathroom with no trouble and had a spontaneous poop after lunch. At the end of the day, right when we got to the car, she said she had to poop.

**I have never been so happy to run all the way back and take her to the bathroom!**

I am so grateful for this program. I cannot tell you how much confidence she has gained being able to do normal kid things without worrying about poop all the time."

## EDNA

**"ENEMAS ARE, HANDS DOWN, THE BIGGEST GAME CHANGER FROM THE MISERY OF ENCOPRESIS!"**

"Our pediatric GI told me to hold my son back from kindergarten! He had just turned 5, and the doctor recommended a Miralax clean-out, then daily Miralax. He suggested putting my son in a pull-up and starting him in school later. With **M.O.P.**, accidents stopped in two weeks. Enemas aren't his favorite thing, but he knows they help keep him in school, and that's his biggest motivation.

My son is soooo much better because of **M.O.P.**! He goes to school, and he LOVES it! It's a tough road but it's worth it."

## AMY

**"M.O.P. WAS LITERALLY LIFE SAVING FOR MY TEENAGE SON!"**

"My son was repeatedly hospitalized for suicidal ideation with encopresis and enuresis as the primary triggers.

We were both on board to try the enemas because nothing else had worked and we had nothing left to lose. It's still shocking to me how much resistance we got from everyone — the GI doctor, the pediatrician, the mental health care providers, his dad. But we did it anyway, and it worked.

So much ignorance from every part of the health care delivery system. Lots of grief and grieving on our part once we read your book and implemented the program. He is 16 ½ now and just recently stopped wearing diapers. I just recently bought him underwear."

## MEREDITH

**"BEFORE, I HAD NEVER EVEN HEARD OF AN ENEMA!"**

"Our daughter had encopresis from age 3 to age 7. She had to wear pull-ups and pads every day to school. After trying everything (lots of doctors visits and Miralax - ugh!!!), I gave **M.O.P.** a try. I did not think it would work, but it did. She is almost 9 now and has been 100% accident-free for almost 2 years. **M.O.P.** changed my entire family's life for the better!"

# TACTIC #3: TRY A NEW OSMOTIC LAXATIVE

Osmotics draw water into the colon, keeping stool mushy so pooping doesn't hurt. Though doctors tend to favor PEG 3350 (Miralax), plenty of effective alternatives exist. Finding the right osmotic and dose can take trial and error.

## TRY THIS IF:

- Poops remain hard and formed — big logs, rabbit pellets — despite ongoing use of an osmotic.
- Your child doesn't like the taste or consistency of the current osmotic.
- Your child says pooping hurts.

## THE OPTIONS:

The four most common are PEG 3350, lactulose, magnesium hydroxide, and magnesium citrate. See pages 71-72 for dosing tips, plus pros and cons of each.

## DETAILS AND TIPS:

- Osmotic laxatives can make encopresis worse. If you're treating poop accidents, hold off on an osmotic for the first 2 weeks of **M.O.P.**, maybe longer.
- Concerned about Miralax safety? Read p. 73, "Is Miralax Toxic for Children?"
- You can mix and match osmotics and can switch at any time — no transition period needed.



**PROGRESSING!**

**BAM!**

"Though our pediatrician pushed Miralax, we requested lactulose. Our 3-5 y.o. takes 10 ml every morning mixed in a shot glass with chocolate milk. It's easy to measure, and she likes it. We've seen an increase in **SPs** and have gone from 7 or 8 daily accidents to 0 or 1."

— SHELBY

**POW!**

"Natural Calm gummies did not work for my 6-year-old. His poop was rock hard. Miralax works much better."

— ALONNA

**WOOT!**

"My daughter was on Miralax for 3 years before we switched to lactulose. It took switching for me to realize Miralax did nothing for her except occasionally give her uncontrollable diarrhea. Lactulose seems to be accomplishing mushy snakes plus better output with the enemas."

— JESSICA

**YEAH!**

"Though Miralax is supposed to be 'tasteless,' my son could taste it, no matter what we mixed it in. He has been on lactulose for 2 years now with no ill effects. It takes a lot (5 tsp. a day) to get the mushy/snake. He mixes his lactulose with chocolate milk, though sometimes elects to drink it straight."

— REID





**GRADUATING!**

## MELISSA

**"MY SON IS SUCH A TROOPER."**

"My son couldn't stay dry at school. Our pediatrician recommended Miralax, but we decided to implement **M.O.P.** with LGS in order to really tackle this. Quickly, he had a lot less urgency and frequency. Then daytime accidents ended. HUGE victory!

We've had some independent poops, too, which are also wonderful! Recently, his pull-ups are a lot less full overnight, sometimes barely wet at all. I am so thankful for these signs of progress.

My son was hesitant with the suppositories at first, but he cooperates with the process like a champ. I see signs that his body feels better, and he seems more confident at school.

M.O.P was far easier than anticipated. **Our magic mix seems to be Miralax in the morning, a milk of magnesia in the evening and LGS before bed."**

## MEADOW

**"PATIENCE, CONSISTENCY, AND STICKING TO THE M.O.P. PLAN ARE KEY!"**

"I wanted to thank this group for all the love and support over the past two years. Our now 8 y.o. daughter has had encopresis since age 3. Nothing worked, until we found **M.O.P.** Was it perfect? No. Was it sometimes slow and frustrating? Yes. Does it work? YES!!!!

For all the parents who think there is no hope, I promise there is. We have been off enemas for about 6 months and off Ex-Lax for 2 months with no accidents. (She had been on Ex-Lax for over 2 years at high doses). I am sure we will have setbacks, but we now have the tools to deal with them effectively."

## REID

**"MY 8-YEAR-OLD LOATHED MIRALAX."**

"Though Miralax is supposed to be 'tasteless,' my son could taste it, no matter what we mixed it in. He has been on lactulose for 2 years now with no ill effects. It takes a lot (5 tsp. a day) to get the mushy/snake. He mixes his lactulose with chocolate milk, though sometimes elects to drink it straight."

## RENEE

**"IF I COULD TURN BACK TIME, I WOULD'VE DONE THIS YEARS AGO!"**

When my son was diagnosed with encopresis at 5, I found **M.O.P.**, but his pediatrician was against enemas, so I took her suggestion of Miralax cleanout. Fast forward almost 2 1/2 years. The poor guy had 3 poop accidents at his 6th birthday party at a park. Yet I kept up with Miralax. Just before COVID happened, he was having daily accidents at school. His doctor blamed it on stress and had me adjust the Miralax dose.

I went back to **M.O.P.** We are now on day 50: 30 days of daily enemas and 20 days of every other day. His accidents stopped as soon as we started enemas. After every enema, he would let out a huge sigh of relief, telling us how it felt so good. After the third day, he was chanting an enema song and telling his grandparents all about it. **A few weeks into it, he was begging me for an enema when he did not go poop.** He shows the entire procedure to his younger brother and lets him watch the computer with him while he gets the enema.

My son's behavior and demeanor are so much better. He used to have anger and behavioral problems that we thought were age related, but I am not so sure now. It is crazy that doctors tell us that enemas are too traumatic for these kids. **I cannot wait to see his doctor and let my son tell her all about this protocol.** It kills me to think I let this go on for so long.

# TACTIC #4: ADD OVERNIGHT OIL ENEMAS

Oil-retention enemas, an old-school remedy I've dubbed **DOUBLE M.O.P.**, work like this: Before bed, the child receives an olive-oil or mineral-oil enema. Overnight, the oil lubricates the hard, crusty stool, which is washed out in the a.m. with a stimulant enema. See pages 91-92 for details.

## TRY THIS IF:

- An x-ray shows your child has impacted stool, and it's just not budging with enemas and oral laxatives.
- Your child comments that poop "feels stuck."
- You suspect your child's rectum is harboring a hard mass that needs extra help to dissolve.

## THE OPTIONS:

You can make your own, using olive oil or mineral oil (see pages 92 and 154), or buy a pre-made mineral-oil enema.

## DETAILS AND TIPS:

- Expect the oil to leak overnight and the next day. Pull-ups are a good idea.
- A large-volume enema in the morning will likely flush out the softened poop better than a store-bought enema or LGS.
- **DOUBLE M.O.P.** is hard to pull off on a school day, so it's fine to stick to weekends. See page 92 for tips on shifting back to a regular enema schedule.



**PROGRESSING!**

**YEAH!**

"Every night after the pediatric enema, my son, age 6, would say he could still feel a big poop but that it wouldn't come out. He kept asking if we could do another enema to make it come out. Mineral oil enema seemed to do a lot. He was able to get out some really hard-looking chunks!" — **KELLY**

**WOOT!**

"It would be almost impossible to do Double **M.O.P.** every day if our son were in school. But with the pandemic, we are on week 6, and for the first time in my son's life, he's had no poo accidents for one month. He also went three weeks without any pee accidents during the day." — **WILLA**

**WHAM!**

"We started Double **M.O.P.** because my daughter can only hold a Fleet enema for 2-5 minutes and wasn't getting enough of the old stuff out. Mineral oil makes the hard poop slippery enough that by bearing down, she can push some out. Fleet in the morning produces hard pieces followed by fresh, soft poop." — **MEG**



**GRADUATING!**

## VERONICA

**"SHE'S POOPING ON HER OWN!"**

"I'm leaving the group because we've had success! We started with enemas and magnesium citrate for my 7-year-old. After a few months of very little progress, we added oil retention and upped the magnesium citrate dose. Tried M.O.P.+ and that was disastrous. Experimented with Ex-lax, which was helpful. Added a bedwetting alarm to the mix and discovered she was typically only wetting once a night at that point, and not until 3-4 am. Continued on.

She's now been dry at night for two straight weeks, and we've started tapering because she's pooping on her own!"

## ROSANNA

**"WE WERE AT OUR WIT'S END!"**

"We are leaving this group as our 4 y.o. daughter, with a long history of constipation and encopresis, is making great progress. We had no success with multiple Miralax clean-outs and a hospital clean-out.

It took a couple months to get her prepped for M.O.P. and to get my husband on board. We started with LGS, then added overnight oil-retention enemas on weekends. She's had no soiling for two months, so we weaned LGS to alternate days. Now she's on 4 Ex-Lax, and we do LGS every other day and will wean to every third day.

She is a much, much happier child, far fewer meltdowns, improved sensory issues, improved speech and interaction. I'm so proud of where she's come. We've done this without the support of her doctors, but we were at our wit's end!

Two biggest take-home points:

- 1.) It's a long journey and not linear, but stick with the process because it does work!
- 2.) No child is the same — lots of trial and error!"

## COURTNEY

**"GIVE THIS PROCESS TIME AND PATIENCE!"**

"I shudder to think where we'd be without M.O.P. A huge 'thank you' to all the parents who have shared their stories and experiences!

We've been doing M.O.P. for 13 months and with great success. For us, it took 8 months of M.O.P. until feeling and spontaneous poops returned. Our main reason for starting was encopresis. We didn't even know constipation was an issue, since our son always had daily bowel movements.

After starting M.O.P., daytime pee accidents began. It can be frustrating to have a seemingly new problem start, but, in my opinion, the pee accidents were just more evidence of the need to heal the rectum. We're still working on nighttime wetting, but the encopresis and daytime pee accidents have resolved. We're continuing M.O.P. under the guidance of our pediatric GI, who supports M.O.P.P.

We've had a few regressions along the way. Each time, we would do a magnesium citrate cleanout and overnight mineral oil enemas on the weekends for a few weeks. This seemed to get us back on track.

We tried every osmotic laxative and have had the most success with milk of magnesia. Large-volume enemas never worked well for us, so we did homemade LGS. My main takeaway: Give this process TIME and PATIENCE!"

# TACTIC #5: TAPER EXTRA SLOWLY

The standard **M.O.P.** taper begins after at least 30 days of enemas plus at least 7 accident-free days/nights.

But 7 is no magic number! Many families delay tapering and drop enemas more slowly. The goal is healing the rectum, not stopping enemas asap.

Don't be in a hurry!

## TRY THIS IF:

- Your child has been accident free for at least 7 days but is not having a daily SP. That's a red flag the child may be prone to a recurrence.
- Your child needed several months of daily enemas to overcome enuresis.
- Your child has experienced a recurrence on the standard **M.O.P.** taper.

## THE OPTIONS:

- Wait until your child is dry day and night for a whole month before tapering.
- Add a month to the taper: Start with 2 days on/1 day off (or even 3 days on/1 day off). The next month, shift to every other day. Then third month, shift to twice a week.
- Try any tapering pattern that suits you!

## DETAILS AND TIPS:

- If your child doesn't have daily SPs, add senna to your taper, to ensure pooping on no-enema days.
- During the tapering process, don't hesitate to add an enema (or a few) back in if you and/or your child notice signs of constipation creeping back.
- Be prepared — and prepare your child — to re-start daily enemas if accidents happen while tapering. It's a demoralizing scenario, but it happens.

**PROGRESSING!**

**POW!**

"We did a super slow taper. After my kids went a whole month without accidents, we'd skip just one enema per week for a month. The next month we'd skip a second day, and so on."

— MALLORY

**WOOT!**

"We are leaving the group finally! My 15 y.o. has been on M.O.P. for about 3 years and has finally had several months dry. We are slowly weaning but feel pretty good about where we are. We had so many ups and downs, and I have appreciated the support here. To all the parents and kids still fighting, hang in there and keep advocating for your kids. They are lucky to have you."

— JODY

**BOOM!**

"We've had success (knock wood) doing two days of enema and one day off and then transitioning to every other day. With one of my sons, we're now even down to doing enemas every 3rd night. Super slow. We also left them on the same dosages of Ex-Lax and Miralax. Good luck!!!!"

— AMANDA



# GRADUATING!

## INGRID

**"THESE KIDS ARE INCREDIBLE"**

"We're ready to move on! My 12-year-old son has been dry for 3 months.

He continues to take magnesium tablets but hasn't taken Ex-Lax in 6 weeks. He has been independently deciding if he needs an LGS, so I don't know how often he uses one. I buy him a couple boxes every now and then.

**I still worry, and if he showers in the morning, I slightly panic, but so far, so good!**

We have been doing some form of **M.O.P.** for 2+ years, with lots of success and setbacks. During that time, we've had two cross-country moves and lived in four different homes, my son has attended three different schools, and all this time, Dad has mostly been gone for work.

1) These kids endure so much, on top of having a medical issue most doctors dismiss!! They don't get enough credit for being the amazing kids they are!

2) We could not have gotten through this, if it wasn't for this group! We have never had an understanding doctor, and we've been through countless. I can't thank you all enough for the love and support."

## CRISTINA

**"WE NOW HAVE THE TOOLS TO MAKE ADJUSTMENTS SWIFTLY IF WE HIT BUMPS IN THE FUTURE."**

"I'm writing to say goodbye and wish all of you the best in this journey. Following **M.O.P.**, my son went from a 7-cm rectal diameter down to 1.9 cm, a totally normal measurement. I had no idea our progress had been so great!

**I credit our progress to staying in Phase 1 for several weeks of dry nights** before moving on to Phase 2. Staying in Phase 1 longer gave us the opportunity to find the right Ex-Lax dose to have a daily spontaneous poop while still doing the nightly LGS.

## JANET

**"WE ARE DOING THE SLOWEST TAPER IN THE HISTORY OF M.O.P."**

"We are long haulers. We started when my son was almost 11, he's now 14.5. A couple things along the way really boosted progress.

First was changing to large-volume enemas 6 months in. We saw a reduction in the nightly super-soaking bedwetting. From there it was two steps forward and one back, and we were constantly tweaking components.

The pandemic quarantine helped immensely. With no school or activities, we were very aware of his water consumption, toileting and BMs. We were able to do more overnight oil enemas (which helped at first, then seemed to detract from progress), tweak Ex-Lax dosage and timing.

As soon as he went back to school, he started backpedaling. By then, we knew how helpful hydrating and bathroom usage had been, and he got himself turned around.

Now, when he notices his BMs are shifting in texture for worse, he immediately ups his water, and we increase Miralax.

We both recognize how far we've come and how much we've healed (him physically and both of us mentally). **Our current regimen of an LGS every third night seems so easy.** Having the benefit of support and sanity checks in this group have been immeasurable."

# TACTIC #6: TRY PELVIC FLOOR THERAPY

The muscles that control peeing and pooping are known as the “pelvic floor” muscles. Many constipated kids keep these muscles tightened, inhibiting the natural reflex to pee or poop. And as these muscles fatigue, poop falls out or pee leaks out.

Pediatric pelvic floor specialists, both PTs (physical therapist) and OTs (occupational therapists), have much to offer children on **M.O.P.** (See pages 18-19.) “An experienced therapist also treats other key areas of the body that connect with the pelvic floor, including the diaphragm, ribcage and core,” says Colorado physical therapist Dawn Sandalcidi, PT, one of the world’s leading instructors in pediatric pelvic floor therapy.

## TRY THIS IF:

- Your child strains to poop.
- Your child doesn’t know how to tighten or relax their pelvic floor muscles.

## THE OPTIONS:

Our [Find a Provider](#) page lists **M.O.P.**-friendly pediatric therapists around the world.

## DETAILS AND TIPS:

- Pelvic floor PT is most helpful if a child is at least age 4 or 5.
- Pelvic floor therapy is most helpful in conjunction with a bowel program such as **M.O.P.** If the rectum remains clogged, even a magic wizard therapist can’t resolve accidents!
- Some children not only contract their pelvic floor muscles when these muscles should be relaxed but also relax muscles when they should be contracted. A therapist can use biofeedback to evaluate a child’s ability to relax and contract these muscles at the appropriate times.

## RYAN

**“IN ADDITION TO **M.O.P.**, I GIVE A LOT OF CREDIT TO PHYSICAL THERAPY!”**

“My 9-year-old daughter only had 5 visits to the therapist before the Covid shutdown, but we came away with several exercises that we still do nightly. The main one that has helped is belly breathing.

My daughter lies down on her back and practices slow, deep, belly breaths for several minutes each night. The therapist said she could feel my daughter’s pooping muscles were constantly tensed. **She was holding constantly without even realizing it.** Belly breathing helps make her more aware of those muscles and take back active control of them.”



**GRADUATING!**

## LAURA

**“PT WAS THE LAST PIECE WE NEEDED TO GIVE HER BETTER CONTROL AND HELP HER EVACUATE MORE FULLY!”**

“My daughter had encopresis since potty training and was 7 when we started **M.O.P.** At 9, she did PT for 4 months, as we were transitioning to laxatives alone. She now has been accident free for over a year!

Her therapist did strengthening exercises for the pelvic floor, including yoga-type moves and muscle toning. Electrodes placed near the anus that showed a display my daughter could view as she practiced squeezing and releasing her pelvic muscles. **We could see that when my daughter thought she was relaxing the muscles, she was actually tightening them, the opposite of what was needed.**

After multiple visits of practicing with the electrodes attached, she learned to use the pelvic muscles correctly. She was instructed to practice the same exercises at home, on and off the toilet.”

# TACTIC #7: ADD BLADDER MEDICATION

On the whole, bladder medications are no more effective than a placebo, and they don't address the root cause of enuresis: chronic constipation. However, in conjunction with **M.O.P.**, meds can help certain kids across the finish line.

## TRY THIS IF:

- An abdominal x-ray shows your child's rectum is empty but the rectum remains stretched.
- After several months on **M.O.P.**, your child's bedwetting has improved but progress has stalled.
- Your child is feeling distressed about the bedwetting and could use a psychological boost from additional dry nights.

## THE OPTIONS:

There are three categories of medications: desmopressin, anticholinergics, and beta-agonists. They work in different ways and are described on page 32.

## DETAILS AND TIPS:

- Know that bedwetting is not a disease, like type 1 diabetes, that needs to be controlled with daily medication. Aim to minimize the time your child takes any of these drugs.
- Combining medications is typically safe and sometimes helpful.
- There are newer bedwetting medications that have fewer side-effects than older ones. However, most insurance companies won't cover these drugs until the older ones have proven ineffective.

## MAUREEN

**"WITH HEARTFELT THANKS (AND TEARS IN MY EYES RIGHT NOW), I WISH YOU ALL THE BEST!"**

"My daughter, now 19, was in middle school before we started an aggressive search for ideas. We really believed she would outgrow it . . . until she didn't. We've done laxatives, enemas, pelvic floor PT, and medication. She improved with each therapy but turned the corner her senior year, when we added the Oxytrol patch and desmopressin. She decided to live on campus at a nearby college, so she could come home to do enemas and wash bedding. I'm happy to say she only had three accidents there all year. Now her regimen is daily Miralax, nightly desmopressin, and the occasional enema. She took up running, which has helped move things along, too."



## MICHELE

**"HE IS A HIGH SCHOOL FRESHMAN AND HAS BEEN DRY NOW FOR 6 MONTHS!"**

"Success story! We presented **M.O.P.** to our then-12-year-old, which brought lots of tears. But, he came round to the idea. The first several months, he had about 7 dry nights per month.

After 5 months, we began high-volume enemas, which produced a few more dry nights, then switched to adult phosphate enemas. After a year, he averaged 23 dry nights per month. We added Ex-Lax and a Miralax clean-out every other weekend. Finally, we had a clear x-ray and 28 dry nights. Dr. Hodges suggested every-other-day enemas plus bladder medication. It worked! Soon he was off all enemas and did a few more months of bladder meds. He is almost 15 and off all treatment, doing great, and sleeping well. This process has been a challenge but has matured him and empowered him to take care of his body. He has learned he can do hard things and perseverance can bring.

# TACTIC #8: REBOOT YOUR MINDSET!

You can only do so much to coax a champion withholder to poop or to expedite rectal healing. At some point, no more shortcuts exist, and your best bet is to adjust your outlook. Your own anxiety about the accidents may be fueling your child's anxiety, and an emotional reboot on your part may lighten your family's load.

**“Yes, pooping is super important, but remember it's just one small part of your child's life, and try not to hyper-focus on it,” recommends psychologist Amanda Arthur-Stanley.**

Try to look at the bigger picture, advises Dr. Arthur-Stanley. “Your child is a whole person, with thoughts, feelings, and ideas that have nothing to do with stool withholding or bedwetting. Kids with these conditions feel so much shame and embarrassment, so offer your child empathy, not, ‘Yeah, yeah, let's get to the problem-solving’ but offer genuine compassion.”

## TRY THIS IF:

- You feel frustrated with a child who's not complying with the treatment plan.
- Your family's life seems to revolve around your child's pooping.
- You feel distressed by the slow pace of your child's progress.

## THE OPTIONS:

- Reframe your thoughts with the help of a **M.O.P.**-friendly counselor with expertise in cognitive behavioral therapy. Make sure the therapist fully understands that enuresis and encopresis are medical — not psychological or behavioral — conditions.
- Read (or re-read) *Bedwetting and Accidents Aren't Your Fault* with your child. The book emphasizes that millions of children worldwide struggle with enuresis and encopresis. Your child is by no means alone!

- Join one of our private Facebook support groups (based on the child's age). Members express gratitude for the empathy and guidance they receive from other parents in the same boat.

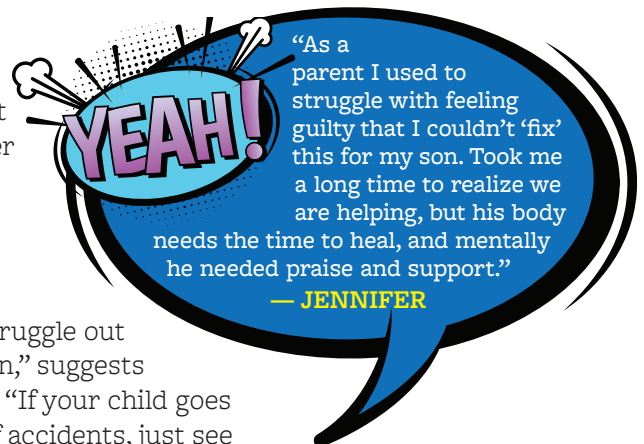
## DETAILS AND TIPS:

- Remind yourself and your child that accidents are never a child's fault!
- Back off from reminders to use the toilet.

“Take the power struggle out as much as you can,” suggests Dr. Arthur-Stanley. “If your child goes 5 days with a lot of accidents, just see where that takes you. Have that lens of curiosity without feeling like you have to have the solution right at that moment.”

- Celebrate small victories.

When a child who would not try enemas agrees to start **M.O.P.**, that's progress. When a child who never poops spontaneously says, “I've got to poop now!” that's progress. When a child who had 5 pee accidents a day now averages 1, that's progress. Check your tracking chart. Your child may have come further than you realize. Rather than dwell on your family's distance from the goal line, consider how far you've come!







## GRADUATING!

### KELLY

**"THE SHIFT IN MINDSET HAS HELPED ME TREMENDOUSLY!"**

"I am signing off and want to thank this group for helping guide us through this journey. My son, now 7, has been on **M.O.P.** for 8 months for encopresis. While the accidents pretty much stopped immediately, what took so long was getting a regular spontaneous poop.

Before **M.O.P.**, he was on Miralax, and sometimes Ex-Lax, for 3 years. He was a big, poopy mess! What I finally figured out was: Miralax, in conjunction with the Ex-Lax, made him too loose, and he couldn't control it. We found our way to Dulcolax [magnesium hydroxide] chews, which have been the solution for him.

He has two chews every day after school and reliably poops on his own after dinner and/or after breakfast the next day. We aren't getting rid of our enemas, though! The plan is, for now, to use an enema on any day he doesn't go on his own.

I've accepted that withholding may be a tendency, and that's OKAY, now that we have the tools to deal with it!"

### CATHERINE

**"IT'S PHYSICAL, NOT BEHAVIORAL. KNOWING THAT HAS MADE ALL THE DIFFERENCE!"**

"We have been on **M.O.P.** for nearly a year for encopresis and occasional enuresis and are leaving the group. My now 7 y.o. hasn't had a poop or pee accident in months!

Before **M.O.P.**, we tried Miralax for years, a hospital GoLightly cleanout, and a sitz marker study. All resulted in NO relief for us. **M.O.P.** is the only thing that has worked.

We've weaned off Ex-Lax and now just do an LGS every few days. My daughter is happy, cooperative, and grateful for the peace/freedom **M.O.P.** has afforded us.

The cycle of shame and frustration stopped when we realized our daughter wasn't purposefully ignoring an urge to go."

### KAREN

**"M.O.P. SHIFTED THE WHOLE PROBLEM TO A MEDICAL ONE!"**

"I joined this group after my now 10-year-old began having daytime wetting accidents at age 6.5. He had always wet at night, but my pediatrician assured us it was all fine. When the daytime pee accidents started, we blamed it on stress due to an upcoming move and changing schools. After all that settled down, things still got worse, and my son was depressed. So, we started **M.O.P.** I believe it may have saved our family.

**M.O.P.** shifted the whole problem to a medical one. Even though we were trying not to scold and blame him, the bottom line, is we were. He took a different mindset toward it, and so did we.

Now, my son's emotional state is in a good place. Enemas have allowed him to live a normal life, and I no longer worry about him being depressed for the rest of his life.

We've tried all variations of **M.O.P.** and settled on nightly LGS and magnesium pills as a softener, with one additional attempt to poop per day. Easy peasy. It's just part of his life. It's not traumatic at all. That is the one thing I wish I could get across to the doctors that have told me not to do enemas: **My son's life was horrible without enemas. Period.**

We're all learning healthy poop habits, and his body is healing. It's just taking longer than I would have ever imagined.

Hang in there, all of you! **Look for small improvements, and give your child's body time to heal.** If you're still in the dark place that I was a couple years ago, big hugs to you. Know that you're doing a good thing for your child. Don't let anyone make you feel bad for trying to help your child."

**LEARN!**

**CHECK OUT OUR UNIQUE BOOKS FOR PARENTS AND CHILDREN!**

“Explained everything without making me feel uncomfortable.”

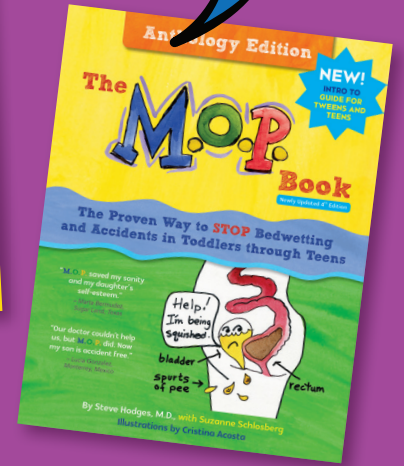
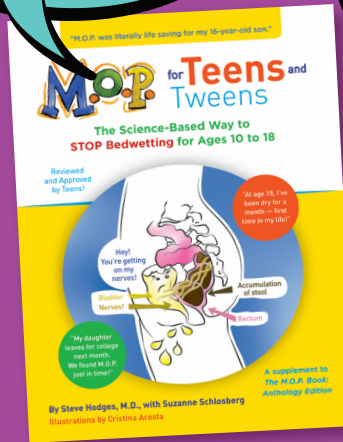
— 15-year-old M.O.P. “graduate”

“M.O.P. works radically better than anything else!”

— James Sander, M.D., Urologist, UT Health RioGrande Valley

“A must-read for grown-ups, too!”

— Sally Kuzemchak, R.D., RealMomNutrition.com



**Bedwetting and Accidents Aren't Your Fault**

Why potty accidents happen and how to make them stop

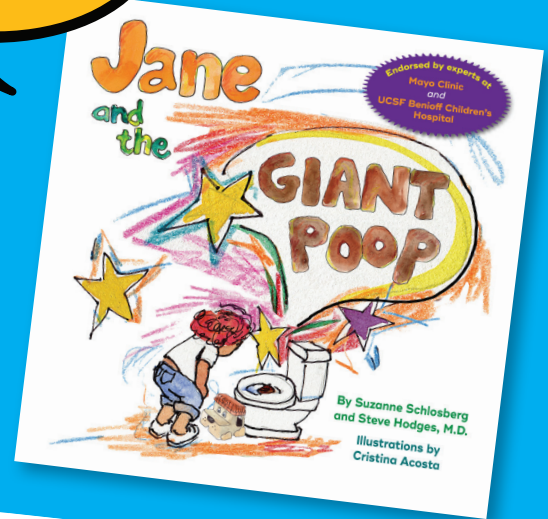
Don't worry. We'll get it all fixed!

Written by Steve Hodges, M.D., & Suzanne Schlosberg

Illustrated by Cristina Acosta

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