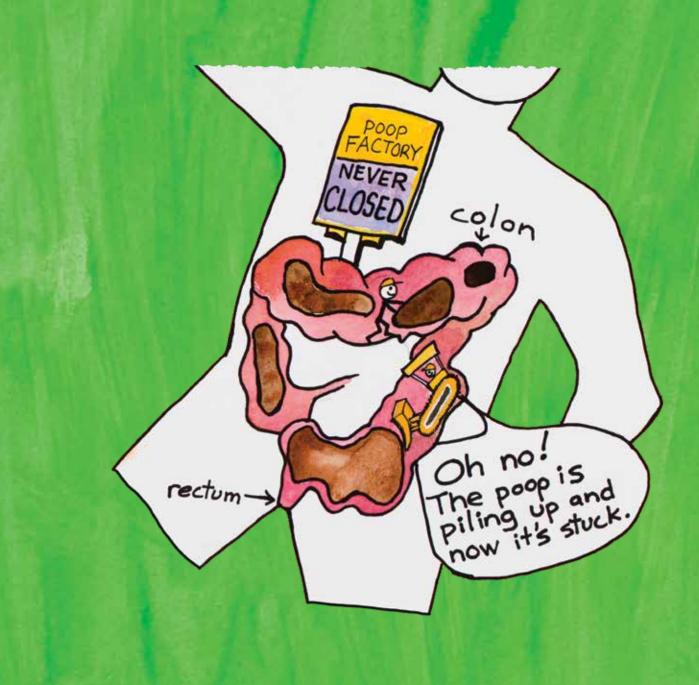
## Introduction



## What's New in the 5<sup>th</sup> Edition

I did not plan to publish the 5<sup>th</sup> Edition of the *M.O.P. Anthology* less than three years after publishing the 4<sup>th</sup> Edition. I was hoping version 4.0 would last a good while longer! I'd planned to publish a short supplement with new treatment recommendations, but as I began collecting my thoughts, I found I had too much to say.

As I often tell families, I take the term "medical practice" literally. I'm always on the lookout for better treatment approaches, and when I hit upon something useful, I'm eager to share it. I learn a lot from my patients and from the parents in our private Facebook support group. The group serves as a fantastic

laboratory, where I can test my hunches and receive realtime feedback from around the world, from the U.S. to the U.K. to the UAE. At my clinic, patients typically return every few months, but on Facebook, parents post daily, whether it's "NOT working - help!" or "1st dry night ever!!" So, patterns that might otherwise take me years to notice become evident far sooner. I'm able to improve my treatment recommendations faster than I did before establishing the group.

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constipation more quickly, effectively, and permanently. The updates include specific adjustments to the Modified O'Regan Protocol (**M.O.P.**) – new

guidance pertaining to enemas and laxatives, the key elements of the regimen.

To be sure, my fundamental opinions hold. I continue to believe enuresis and encopresis are misunderstood and vastly undertreated. I'm dismayed these conditions are considered by some health professionals to be "normal" and are considered by others to have psychological and/or behavioral roots. Truly, it's shocking that enuresis and encopresis are still included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. As always, I shake my head that bladder drugs and bedwetting alarms are the go-to treatments for enuresis and that doctors routinely push Miralax (PEG 3350) in cases where enemas are clearly superior. I still marvel at the brilliance of Dr. Sean O'Regan, whose studies in the 1980s changed the way I practice medicine. When it comes to treating enuresis, encopresis, and recurrent urinary tract infections (UTIs), Dr. O'Regan understood far more back in the Bon Jovi era than the medical community at large recognizes today! I wish his research was required reading in medical school.

However, I also believe treating these conditions sometimes requires more nuance and a more aggressive approach than is reflected in Dr. O'Regan's original protocol. I recognize that children with the exact same symptoms may need entirely different variations of M.O.P. — different enema solutions and volumes, different laxative types and doses, different tapering plans. For some children, chronic constipation is a far more stubborn condition than even I realized, and I've always taken constipation more seriously than most doctors. The standard M.O.P. regimen, described as "overly aggressive" by many physicians, simply does not suffice for some kids, and even the variations introduced in previous editions of this book can be improved upon. Overall, in recent years, I've taken a more hard-hitting stance on treating enuresis and encopresis.



## You can save money by making your own liquid glycerin suppositories.

Illustration by Mark Beech At the same time, I've taken more notice of ways to make **M.O.P.** easier on families — logistically, financially, and emotionally. The 5<sup>th</sup> Edition of the *Anthology* includes valuable new advice on all these fronts, courtesy of parents in the trenches and a psychologist. Amanda Arthur-Stanley, Ph.D., who works with families dealing with enuresis and encopresis. Below, I highlight new content in the 5<sup>th</sup> Edition. If you've read previous editions, you may want to head directly to the new sections. If you're new to **M.O.P.**, I urge you to read the whole book.

- MULTI-M.O.P. This new variation involves administering two or three docusate sodium mini-enemas per day (yes, it's safe) and has been an absolute game changer for many kids, especially teens and tweens. See Section 5.
- **The Slow Taper.** I introduce a more gradual approach to weaning a child off enemas, with the goal of reducing the risk that accidents will recur. See Section 4.







Our newest regimen, Multi-M.O.P., is showing great promise for the toughest cases.

Illustration by Mark Beech

- **DIY LGS.** You can make your own liquid glycerin suppositories for a fraction of the cost of storebought LGS. In Section 6, parents explain how they do it.
- **Pre-M.O.P. for Accident-Free Kids.** Many children who never have accidents nonetheless struggle with rectal bleeding, painful pooping, rectal prolapse, or persistent stomachache. See Section 5 for the treatment regimen I recommend.
- **Bladder Botox**. Injecting Botox into the bladder is the quickest, most effective way to halt accidents. But, it's surgery, and it's expensive. Who's a good candidate? See Section 7.
- Autism and Accidents. In autistic children, enuresis and encopresis are often dismissed as "part of the deal," so these kids miss out on a proper diagnosis and treatment plan. See Section 2 for details.
- **Q&A With a Psychologist.** Dr. Arthur-Stanley offers guidance on diffusing the family friction that can arise from accidents and treatment. See Section 9.
- Updated Tracking Calendars. Based on parent feedback, we've updated our all-purpose 30-day M.O.P. tracker and added calendars for MULTI-M.O.P. and for teens.
- *The M.O.P. Maestro Guide*. Do you have two or more kids on M.O.P.? Learn how to orchestrate your family's M.O.P. regimen without going bonkers. See Section 10.
- The M.O.P. Parent's Guide to Advocating for Your Child at School. To ease your child's stress at school, I offer five strategies for gaining the support and cooperation of your child's educators.

There's plenty more inside, too! As always, I welcome your input.



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