

Multi-M.O.P. Cheat Sheet

Option #1: Liquid glycerin suppositories (LGS) 2x/day. Homemade or store-bought. 7.5 ml for age 6+; 4 ml for under 6.

Option #2: Docusate sodium mini-enemas 2x/day or 3x/day. 283 mg for age 12+; 100 mg for under 12.

The 5 Phases of MULTI-M.O.P.

Note: Move to the next phase only if the child remains reliably accident-free day and night. If starting with docusate sodium mini-enemas 3x/day, do so until accident-free for at least 1 week, and then move to Phase 1.

Phase 1:

Docusate sodium or LGS 2x/day for at least 30 days and until reliably accident-free day and night (1-4 weeks). No stimulant laxatives. Add osmotic only if child's poop is firm.

Phase 2:

1 small enema (any type) daily for at least 30 days. Introduce osmotic daily.

Phase 3:

1 small enema every other day for 30 days. Add stimulant laxative on non-enema days if child is not pooping spontaneously. Continue daily osmotic.

Phase 4:

1 small enema twice a week. Continue daily osmotic. Use stimulant laxatives as needed to ensure daily pooping.

Phase 5:

Continue stimulant laxatives as needed. Continue daily osmotic for at least 6 months before tapering.

MULTI-M.O.P. Guidance:

- Be patient! Some children don't see reduced wetting for 3-4 months.
- If child needed several months on MULTI-M.O.P. to see improvement, use the Slow Taper approach starting with Phase 3.
- If accidents recur, return to the previous phase.
- Do not use docusate sodium enemas in conjunction with oil enemas, as this may increase the risk of nausea or cramping.
- If wetting persists but x-ray shows improvement, desmopressin or bladder medication may facilitate dryness (and psychological boost) while child continues MULTI-M.O.P. With sustained dryness, start tapering medication.

Important Note: MULTI-M.O.P. is an off-label use of docusate sodium mini-enemas and is not endorsed by the manufacturers of Enemeez or Pedia-Lax liquid glycerin suppositories.



MULTI-M.O.P. is recommended for children who:

- Cannot achieve an empty rectum with other M.O.P. variations.
- Prefer enemas to stimulant laxatives.
- Feel highly motivated to resolve enuresis and/or encopresis.
- Have experienced a recurrence of accidents after success on other M.O.P. variations.