

The M.O.P. Bedwetting Algorithm

For children with nighttime enuresis only — no daytime wetting, encopresis, or poop smears

FIRST 30-60 DAYS: STANDARD M.O.P.

Recommended: Start with abdominal x-ray (KUB). In the rare case of rectal stool, test for condition that can cause wetting in the absence of constipation (see page 40 of M.O.P. Anthology 5th Ed.).

IF PROGRESS:

Continue regimen until dry 7-30 consecutive nights.

IF DRY + RELIABLE SP:

- Taper enemas to every other day for 30 days. Keep daily osmotic.
- Taper enemas to 2x/week for 30 days. Keep osmotic.
- Maintain daily osmotic 6-12 months. Then taper off.
- Watch for signs of constipation. If accidents recur, restart Standard M.O.P. till dry with 2:1 Slow Taper and senna as needed.

IF DRY BUT NO RELIABLE SP:

- Taper enemas to every other day + senna on no-enema days for 30 days.
- Taper enemas to 2x/week for 30 days. Keep senna on no-enema days.
- Senna daily for 30 days. Each week, lower dose by 1 square (15 mg) and add 1/4 dose of osmotic. End up on daily osmotic, no senna.
- ~~Taper senna to 2x/week for 30 days + daily osmotic.~~
- Daily osmotic 12 months, then taper. Senna or enemas as needed.

IF NO PROGRESS WITHIN 60 DAYS:

Abdominal x-ray to assess rectal stool. If not possible, assume constipation.

IF RECTUM IS EMPTY PER X-RAY:

Continue Standard M.O.P. 30-60 days.

IF PROGRESS:

- Continue Standard M.O.P. till dry for 30 nights.
- Begin Standard or Slow Taper, using senna as needed to ensure daily SP. Daily osmotic 12 months, then taper.

IF NO PROGRESS:

- Continue Standard M.O.P. + trial all 3 bladder meds. Continue meds only if improvement within 7 days.

IF PROGRESS

- Continue M.O.P. + meds till dry 30 nights. Then 1x/week, skip meds. When reliably dry w/o meds. Slow Taper with senna as needed on no-enema days. Osmotic 12 months, then taper.

IF NO PROGRESS

- Drop meds. Keep M.O.P. If new x-ray confirms empty rectum, pursue Botox.



Enuresis medication
information,
pp. 112-116.

IF RECTAL STOOL REMAINS:

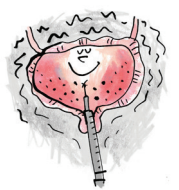
M.O.P.x or Multi-M.O.P. 30-60 days.
Optional: Oral clean-out or trial J-M.O.P. 3 days.

IF PROGRESS

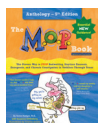
- Continue chosen regimen till dry 30 nights. Periodic oil or clean-outs if useful.
- 2:1 Slow Taper + senna on no-enema days.
- Senna daily for 30 days. Each week, lower dose by 1 square (15 mg) and add 1/4 dose of osmotic. End up on daily osmotic, no senna.
- Add another arrow, then: Osmotic 1 year, senna or enemas as needed.

IF NO PROGRESS

- Trial all 3 types of enuresis meds. If progress, maintain meds + M.O.P. regimen until dry. Then Slow Taper with senna on no-enema days. If no progress, maintain M.O.P. and pursue Botox.



Bladder Botox
information,
pp. 117-118.



Details for all M.O.P. protocols can be found in the M.O.P. Anthology 5th Edition.

"Progress" includes any of the following: fewer accidents, less urinary urgency, less urinary frequency, pull-up less full, bedwetting closer to the morning.

"SP" = Spontaneous Poop (bowel movement without an enema) **"Slow Taper"** is described on pp. 68 of Anthology.

BedwettingAndAccidents.com

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