

The M.O.P. Maestro Guide

How to orchestrate
your family's daily
enema regimen
without going bonkers



A master class
from parents
with multiple kids
on the Modified
O'Regan Protocol

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INTRODUCTION

A while back, a mom with 5-year-old triplets on **M.O.P.** joined our private Facebook support group. Yes, *triplets* on **M.O.P.**! We've also had many members with two, three, and even four children on the protocol.

“Remember, **M.O.P.** is not forever. You won't always be playing musical toilets.”

That's not surprising, given that chronic constipation has a strong genetic component. But it's also kind of amazing. I marvel at these moms (yes, so far, they've all been moms) for all that they juggle — the logistics, the supplies, and the monitoring, not to mention the cheerleading and cajoling. These folks post about bins full of DIY enema supplies, pill boxes lined up on the kitchen counter, color-coded spreadsheets, and organizing the evening “enema assembly line” amidst showers, pajamas, teeth brushing, and bedtime reading.

I often think of these parents as orchestra conductors.

They're “interpreting” **M.O.P.** — deciding which kids will follow which enema/laxative regimen — while setting the tempo of the daily routine, keeping a range of personalities in sync, and working to bolster the spirits of the whole crew. But unlike orchestra conductors, these folks did not train for the job! Of course, they're also conducting an ensemble that did not sign up for it, either.

And yet, these accidental conductors manage to make it all work. With a bit of practice, one mom says, “it all becomes much more routine and easier to manage, just like any other routine.”

If you're overwhelmed by the prospect of managing M.O.P. with two, three, or four children, this guide is tailor-made for you. Our goal is to save you time and money

and encourage you to push forward. If you're new to **M.O.P.** and worry the protocol will be too disruptive for even one child, the perspective offered here may ease your concerns.

Over the years, folks with multiple kids on **M.O.P.** have posted wisdom and encouragement to newer members. To collect their ideas in an organized fashion, we asked them to fill out a survey, which became the basis for this guide. I'm grateful to these parents for sharing their unvarnished advice.

Despite the obvious challenges of conducting a duet, trio, or quartet of children on **M.O.P.**, one theme evident in the surveys is that life on the regimen beats the alternative.

"**M.O.P.** is so much better than accidents all the time," one mom reported. "My kids are more confident, and they're proud of themselves for doing the work to get better." Their work paid off on a road trip to a national park. "It was the first vacation we'd ever had without a single accident. Sure, I brought a suitcase full of enemas and Ex-Lax, but it was well worth it to be able to go hiking and swim in the hotel pool without worrying about accidents!"

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Several parents have reported that while they agonized over starting their first child on **M.O.P.**, procrastinating because enemas seemed so "extreme," they didn't hesitate with their younger children, who benefited from early treatment. "Knowing how much **M.O.P.** helped the older two made it so much easier to do with my younger kids," one mom of four wrote. "At first, I felt awful making my reluctant 7-year-old do an enema. Now I feel like it's just necessary medicine. **M.O.P.** is so much easier and less painful than having the kids take so many oral laxatives."

Every family's arrangement is different, and every conductor has their own style!

I hope you can pick up ideas to make **M.O.P.** more harmonious for your family.

GETTING STARTED

Take the plunge, and worry about the details later.

You can't predict what type of enema or laxative any child will respond best to, so just pick a starting point. "Don't worry about figuring out the perfect routine before you start," one mom advises. "Just do it, and make adjustments as you go."

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Start M.O.P. at the first sign that a sibling is withholding or having accidents. I wish I'd recognized the signs in my younger guys earlier.

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Consider starting every child on the same protocol and then gradually making individual changes. “That was what helped my sanity,” one mom wrote. “I was the most stressed when I was trying different things for different kids.”

Another mom applies the assembly-line concept across the board. “Each child has an extra pair of underwear in a Ziploc bag in their backpack, and I put them in the same pocket of each backpack, so I know where to check. I always ask the kids, ‘Did you poop today?’ right before an enema. Keeping as many things the same as possible helps.”

Banish all blame!

Enuresis and encopresis are plenty common but rarely discussed, so many parents feel responsible when a child doesn't outgrow accidents. When accidents strike multiple kids, feelings of responsibility are often compounded. “At first, I thought it was an outlier that this happened with one child, and I didn't think it was possible for multiples,” one mom of four wrote. “Then I thought I did something wrong that all my children had the same issue. I've had to adjust my thinking.”

In some families, everyone needs eyeglasses. In other families, everyone needs enemas.

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Give yourself grace, and understand it may be a long road. Whatever you're doing is better than nothing.

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Don't assume your kids will resist **M.O.P.**

Many parents are surprised to learn their children aren't as apprehensive about enemas as they themselves are, and siblings often encourage each other. “I think it helped that my youngest saw his older brother go through the process before we had to start with him,” one mom wrote.

A mom of three posted that her 8-year-old was afraid to do the first enema, but by the third, she was asking to administer it herself and asking to do it earlier in the day because she felt so much better. “My 5-year-old was very resistant but now doesn't mind at all. My 8-year-old offered to let the 5-year-old watch to show her how easy it was. The 3-year-old was so used to seeing her sisters do enemas that when I said we were going to start doing them with her, she said, ‘Oh yeah, I love butt medicine!’”

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We are much happier without the constant checking of underwear, laundry, finding poop crumbs on the floor, and doing weekend oral clean-outs.

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Celebrate small improvements.

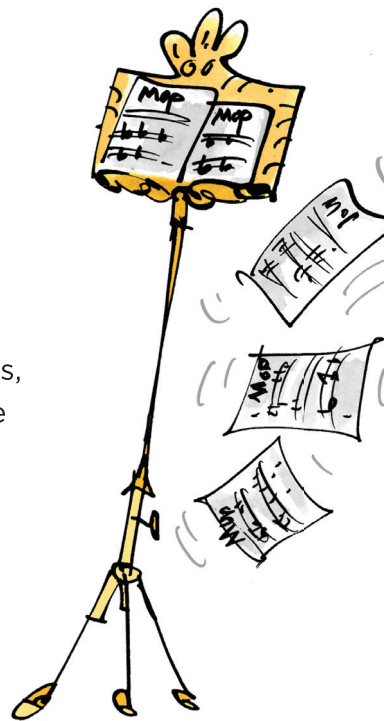
As I often remind families, a rectum stretched for years won't shrink back overnight, and aggravated bladder nerves can take months to settle down. What's more, the habit of holding poop can be difficult to overcome. So, it's important to temper your expectations and celebrate the small wins, like when one child starts sensing the urge to poop or another begins self-administering enemas, freeing you up a bit. Celebrate when one kid stops having poop accidents and another moves on to Phase 2 of **M.O.P.**

“My advice is to not expect fast progress,” one mom wrote. “Learn to appreciate that daily emptying through enemas allows your children to participate in life without poop everywhere. As the soiling improved, the stress definitely lessened. We were able to go swimming, go to parks, take vacations, and get through a school day without accidents.”

Rest assured, **M.O.P.** will end.

Though your kids may be on oral laxatives for six months to a year after accidents cease, the high-intensity portion of the regimen won't drag on indefinitely. “Remember **M.O.P.** is not forever,” one mom wrote. One day, when your family is liberated from enemas, this era in your life will seem like a blip, and you'll feel a grand sense of accomplishment.

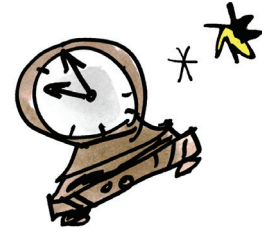
“I can't even begin to explain the relief of resolving encopresis, especially for a kid who was just starting middle school,” one mom wrote. “It was nearly unbelievable to not have to worry about packing a change of clothes, wipes, plastic bags, working out a place for him to change at school, secret signals for teachers to let him know he had to go change, worrying constantly about other kids being mean to him because of the smell. After looking for a solution and worrying so much for so long, well, there are no words for how much **M.O.P.** improved our lives.”



ORGANIZING YOUR ROUTINE

Get help anywhere you can.

You may be directing the show, but this does not mean you need to take on 100% of the tasks. Delegate! If you have a spouse or partner, even one who's not fully on board with **M.O.P.**, assign them some of the easier jobs. "I do all the enemas per my children's request, and I direct who is on what medication," one mom wrote, "but my husband does morning meds." Another wrote, "My kids all like me to help administer the enemas, but their dad helps them clean up."



If your spouse won't go near enemas, insist on tag-teaming for the bedtime routine. "My husband would read books while I was finishing up enemas," one mom reported. "He's not comfortable doing the enemas, but if I was going out with girlfriends, he would happily set a timer and tell the kids when they were done."

Your children can help, too. Depending on their age and maturity, they may be able to self-administer enemas, track their progress in a chart (or at least report to you), and stay on top of their oral medications. **When kids take a big role in the process, they tend to feel more in control and invested.**

We have pill cases for the week, so I can see if anyone has forgotten their laxatives.

Here's how it works for one family: "At night I deal with the 4-year-old and his baby sister. She starts in the bath while he's on the toilet. My husband tackles the older two. First, they take their oral medicine, which has been laid out on the counter, and each gets an enema in their own bathroom. Our 9-year-old has started self-administering enemas, so that helps. The children now know exactly how much medication to take. They treat it like vitamins."

Aim for consistency.

Missed enemas or laxatives can delay or reverse progress. I know consistency can be a challenge when you have kids on different school and activity schedules, and with different levels of motivation to comply with treatment. Do your best to keep your family in a groove. For example, one mom wrote: "All four of my kids take their oral laxatives in the morning. We have pill cases we fill for the week, so I can see if anyone has forgotten. My younger two both do enemas right after we get back from dropping the big girls at school. The big girls do their enemas before bed."

This mom keeps the pill boxes on the kitchen island. “The reminder is helpful since they don’t always eat breakfast at the same time. If I flip one pill box sideways after the kid has taken pills, it’s even more of a visual reminder that two still need to take theirs. Mom-brain needs all the help it can get!!”

Another mom explains how her family managed to squeeze **M.O.P.** in at night despite an early bedtime: “I would do an enema for one kid, and then start the timer on my phone, and during the 10-minute wait, I’d have the others shower, read books, get pajamas on, and brush teeth.”

Here are a few examples of how different families organize their routines:



Don't be afraid to switch up the routine.

I know I just said consistency is critical, and I meant it. But it’s also important to adjust the regimen after any 30-day period without progress. In other words, be consistent, but be flexible, too! A finely tuned routine won’t help if your kids’ rectums aren’t emptying. At some point, you may need to disrupt the routine you’ve worked so hard to establish.

“I found that it helped to maintain the status quo for my two youngest while trying to specifically figure out what would help my oldest,” one mom wrote. “Getting her completely off enemas has freed up my brain to now focus on my youngest.” Another mom noted that making a change is never as bad as she feared. “A couple of days into a new protocol, it gets easy to do. Managing all the kids is definitely less difficult than I anticipated.”

TRACKING PROGRESS

How much detail you record is a matter of personal preference. For those who prefer old-school paper tracking, we offer monthly and weekly calendar sheets on our website, plus a simplified monthly calendar for tweens and teens to track their own progress. But these charts are not designed for tracking multiple kids at once, so you'll need to get creative.

"We use the monthly **M.O.P.** charts, but it's a bit messy," one mom noted. "I update every other day, before I forget details. I ask the kids each day about their pooping and do a summary of dry nights, accidents, etc., at the top of each month's chart, so I can easily compare progress from month to month."



Some folks use one calendar for multiple kids. "I use a paper calendar with the twins," one mom wrote. "They each have a square of the calendar." Other parents find it easier to fill in a separate calendar for each child. "I have a blank calendar printed out for each of the four kids and staple a new one to all the previous months, so I can flip through and see progress," one mom explained. "All the kids like to show me their SPs [spontaneous poops], so I get a great reporting! My 8-year-old and 10-year-old tell me if they pooped at school, and I write it down."

Another mom prints out our calendars and keeps them on a stand outside the bathroom door, so she doesn't forget to fill them in. "For each kid, I note what meds they took, SPs, enemas, and accidents v. dry pull-ups."

“My advice: Write everything down!! Otherwise, there is no way I can know who is struggling.”

“We keep a calendar for the two oldest. The youngest is on a modified regimen, as he has made the most progress, so we don't track for him.”

“I bought a yearly planner, and I write daily events there, like which kid had an enema. I get morning reports from each kid re: whether their pull-up is wet.”

“I don't do any tracking, except the 5-year-old writes whether she was dry or wet on her unicorn calendar, with different color markers.”

Other parents prefer to create digital charts. "Google Spreadsheets helps me keep things simple with three kids," one mom says. "I track accidents, enemas, and who pooped that day. I color-coded the chart to differentiate among the kids."

My youngest was dealing with night wetting, so she got two rows for accidents, one for daytime and one for overnight.”

You might assume tracking less information would be easier for folks with multiple kids on **M.O.P.**, but some parents insist that tracking more data actually frees up their brains and reduces their stress. “Track everything so you have less to remember,” one mom advises.

Tracking each child’s progress, however you choose to do it, can help keep your spirits up, several parents have noted. “When one kid is having a setback, I feel like everything is falling apart and we will be drowning in poop forever,” one mom wrote. “Then I can look at my calendars and see that, actually, things are going fine for the other three and remember that we will be OK.”

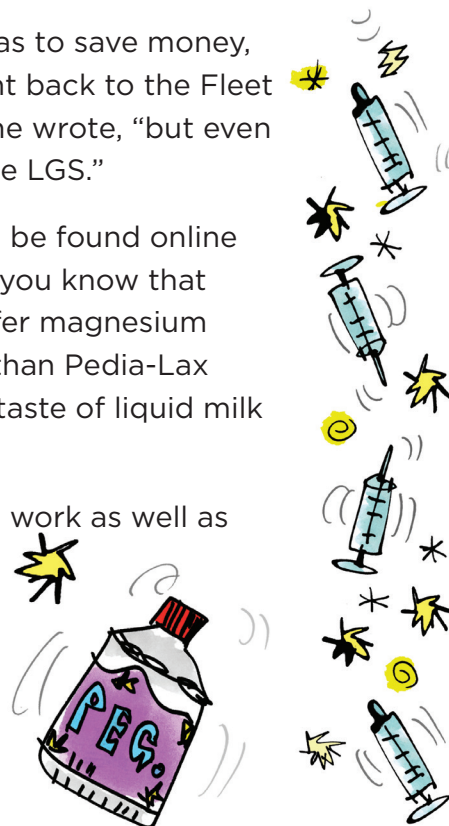
SAVING MONEY

Given the expense of store-bought enemas, most families with multiple kids on **M.O.P.** make their own liquid glycerin suppositories with syringes. Just know that for some kids, LGS isn’t effective. “We moved to homemade LGS for all three kids to save money, but for one of them, we had to go back to Fleet enemas,” one mom wrote.

Another mom tried buying generic phosphate enemas to save money, but her youngest said they burned, so that child went back to the Fleet brand. “My other two kids were fine with generic,” she wrote, “but even that got too expensive, so we switched to homemade LGS.”

On the osmotic laxative front, generic PEG 3350 can be found online in large quantities. But don’t invest in a big tub until you know that laxative is effective for your kids. For those who prefer magnesium hydroxide, milk of magnesia is much less expensive than Pedia-Lax chewable tablets. However, many kids don’t like the taste of liquid milk of magnesia and aren’t able to swallow the pills.

As for stimulant laxatives, generic versions of Ex-Lax work as well as the name brand. Some parents report the most cost-effective approach is purchasing 25-mg Ex-Lax tablets that come in a bottle of 90. However, those can’t be broken into smaller pieces, so if you need to adjust a child’s dose in smaller increments, generic 15-mg chocolate squares may be a better option.



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Mallory's Story:

It's amazing on the nights when I only have to do an enema for one kid.

Our oldest was never dry at night and started having daytime accidents at age 4. Over the years we tried so many things, including tracking diet, timed bathroom visits, and daily Miralax. Each time she might show some improvement but would always lapse back into regular accidents. I was so frustrated and crying every day because I just didn't know what to do.

I found M.O.P. when she was 9, and she was fully on board. It took a lot of trial and error, trying different enemas and laxatives, to find the right formula for her. What finally worked was senna pills in the morning followed by a large-volume enema at night with glycerin and Castile soap. After a relapse, we started over and then tapered more slowly, skipping just one enema a week. After another month we skipped two enemas a week. We continued this way until she had her last enema. She is still taking her senna pills daily.

My two youngest are also on M.O.P. as they had each had regular accidents. They are both in different stages of tapering. Our nights are slowly getting more relaxed as we get to skip more and more enemas! It's amazing on the nights when I only have to do an enema for one kid.

A few years ago, I had no hope that this would ever be resolved. I had many years of guilt and frustration and sometimes anger. Now we are so much happier.

This past summer we drove to a family cottage, as we do every summer. It's 9 hours away and we usually have to stop SO many times for bathroom breaks. This last time, we only stopped once for gas and once for food. Little things like that are amazing and something that families without this problem wouldn't even think twice about.

Keep up what you are doing because this process works!



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