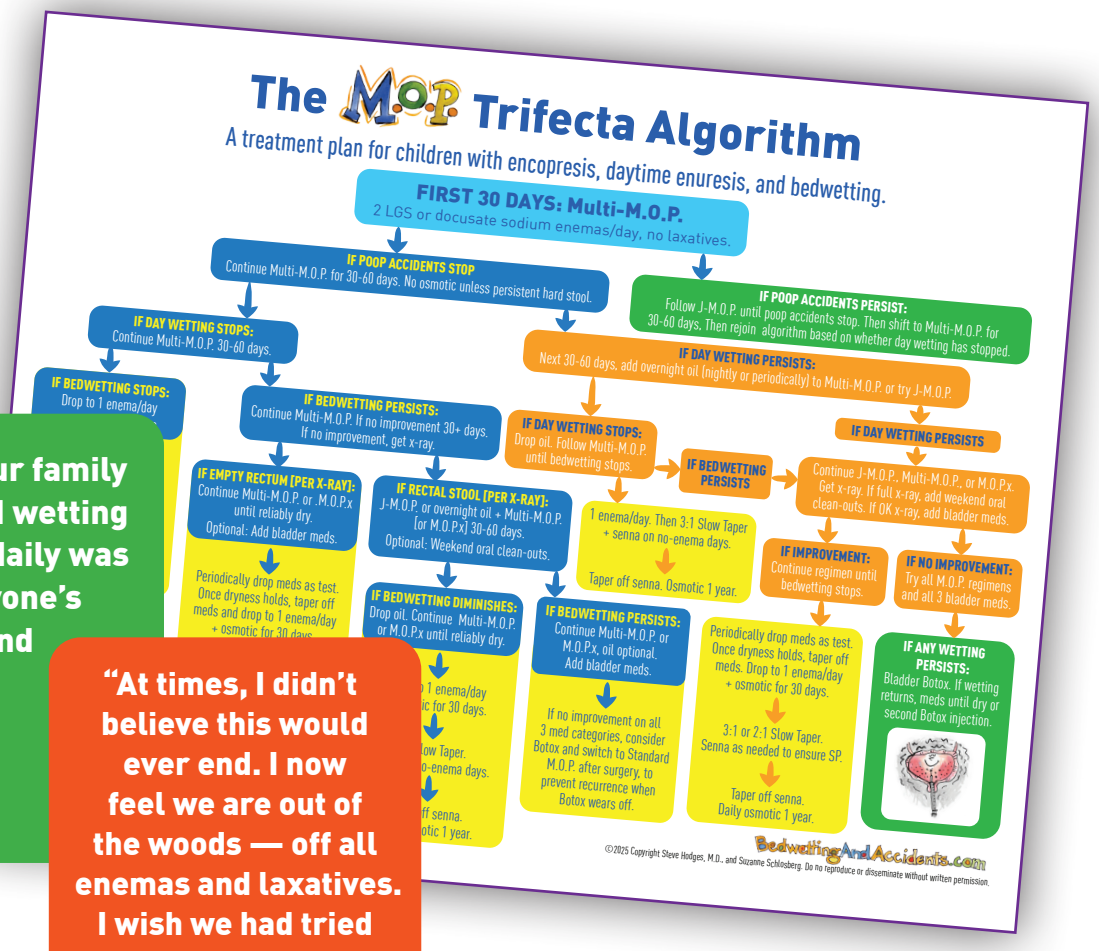
Treating the "Trifecta" with M.O.P.

A Plan for Children with:

Encopresis, Daytime Enuresis, *and* Bedwetting

How to resolve all 3 symptoms and get your family's life back



"The strain on our family from soiling and wetting multiple times daily was impacting everyone's mental health and creating power struggles. This program saved our lives."

"At times, I didn't believe this would ever end. I now feel we are out of the woods — off all enemas and laxatives. I wish we had tried M.O.P. sooner."

BedwettingAndAccidents.com

4 IMPORTANT TREATMENT INSIGHTS

Dear Parents,

Among the families that land in my clinic, the most distressed tend to be folks dealing with the "trifecta": encopresis, daytime enuresis, and nighttime enuresis.

Bedwetting is stressful enough — for kids, who avoid sleepovers and school overnights, and for parents, who grow weary of vacationing with mattress protectors, buying ever-larger pull-ups, and comforting their demoralized children. Daytime pee accidents ratchet up the anxiety, as families navigate discreet clothing changes and children become fearful of playdates, retreating inward. But it's encopresis, on top of it all, that takes the scenario to nightmare territory. I've known kids who suffered poop accidents at their own birthday parties, children suspended from school for soiling their pants repeatedly, and parents in despair because, as one mom told me, "trying to stay on top of accidents is a full-time job."

The trifecta also impacts family dynamics. Children have no idea why they can't control their accidents, or even feel their bladder or bowels emptying, and fear disappointing their parents. Baffled parents may suspect their child is "acting out" or "lying" or stubbornly "refusing" to use the toilet. Parents and kids alike feel mortified when accidents happen in front of friends or relatives who chime in with uninformed judgments and unhelpful advice. "It's hard to talk about, and people who have not been in this situation don't get it," one mom posted in our private Facebook support group. "I know it was starting to impact my daughter's self-esteem, and power struggles were getting worse."

"My daughter is happy, cooperative, and grateful for the peace and freedom M.O.P. has afforded us."

"Having a tool to eliminate daytime accidents allowed us live normal lives and have my daughter go to school and playdates without fear of accidents."

Adding to the problems, many trifecta kids are referred for behavioral therapy, psychological counseling, or other inappropriate treatments, as school counselors and even some healthcare providers don't recognize the actual cause of enuresis and encopresis: chronic constipation. Other kids are properly diagnosed with constipation but prescribed inadequate treatments, such as Miralax "clean-outs" or daily Miralax, only to experience worsening symptoms.

"Before M.O.P., we would often believe some of the accidents were related to her being stubborn, which increased power struggles. But to see the enemas work so well shifted our perspective, reinforcing that this was a physical issue beyond her control."

There is a way out! It's called the Modified O'Regan Protocol (M.O.P.), an approach that involves daily enemas (or liquid glycerin suppositories, aka LGS) until accidents stop and then a gradual taper. For some children, treatment may also include osmotic laxatives, stimulant laxatives and/or bladder medication.

The good news: Treating the trifecta with M.O.P. will resolve all three symptoms in virtually all children. Encopresis will likely resolve within a month, perhaps sooner, dramatically improving your family's quality of life. Eventually, all of this will end.

The less good news: Resolving the trifecta will take much longer than most parents expect or believe. The process may take a year. It may take longer. No family wants to hear this! But it's important to have realistic expectations from the get-go. Children with all three incontinence symptoms typically face more challenges, treatment-wise, than kids with one or two symptoms. Any family tackling the trifecta should prepare for a long haul, periodic setbacks, and plenty of experimentation with components of M.O.P.

> "I got frustrated that it took so long and spiraled into hopelessness at times. I wish I'd understood that with the trifecta, it would be a LONG process — for us, about a year."

But your family's effort and patience will pay off. "For all the parents who think there is no hope, I promise there is," one mom in our support group posted. "My daughter is 8, and we've been dealing with all this since she was 3. Nothing worked until we found M.O.P. Was it perfect? No. Was it slow and frustrating? Yes. Does it work? YES!!!! We have been off enemas for 6 months and off Ex-Lax for 2 months with no accidents."

Folks who've endured the trifecta and slogged through the treatment process can hardly believe it when it's all over — when a child can confidently take swim lessons, sit all day in class (wearing underwear!), enjoy a stress-free visit to an amusement park, or confidently join the fun at a slumber party. "At times, I never thought we would be here," another mom posted. "To actually be on the other side of this is unbelievable."

This packet will set your child on a realistic path to clean and dry underwear, day and night. I offer four critical insights for treating the trifecta, based on my 20+ years of clinical experience and input from parents who have been through it all. The M.O.P. Trifecta Algorithm, the last page, synthesizes what I've learned about treating this distressing combination of symptoms. **The Algorithm is intended to help guide your treatment decisions so that you minimize wasted time.** This diagram is not set in stone! As with Google Maps, there are likely multiple routes to your destination. My goal is to get you there faster, with as few detours as possible.

Use the algorithm to make educated guesses when you come to a fork in the road. For example, if your child's encopresis has resolved but day wetting persists after two months on Multi-M.O.P., you may wonder: Should we switch to J-M.O.P. or give it more time? Should we get an x-ray? Should we try medication? The algorithm can help you decide.

If you're unfamiliar with Multi-M.O.P. and J-M.O.P. and feel overwhelmed, don't panic! I explain all the terms and concepts in in the *M.O.P. Anthology 5th Edition*. The book has a glossary, too. Once you become familiar with the M.O.P. lingo, the algorithm will make total sense.

Let us know how we can help your family!

Steve Hodges, M.D.
Professor of Pediatric Urology
Wake Forest University School of Medicine

BedwettingAndAccidents.com

INSIGHT #1: Accept that Accidents Are Caused by Constipation, Not Behavioral or Psychological Issues

First things first: Accidents are, quite literally, *accidents*. It's important to let go of any notion that children could stop wetting or soiling their pants if they really wanted to — if they tried harder, if they would just "listen to their body," if they weren't so focused on videogames, if they would just take time to use the toilet. **Children with enuresis and encopresis are powerless to stop the accidents.** Often, they can't even feel an accident happening or notice it after the fact.

Even when parents know this, intellectually, some remain skeptical, because accidents are so foreign to our experience. Parents have told me, "My child is old enough to know better" or "She shows no interest in staying dry" or "He won't stop playing and go to the bathroom." But accidents are not a matter of knowledge or interest or motivation. **Accidents happen because the rectum has been stretched by a pile-up of stool.**

With enuresis, the enlarged rectum irritates the bladder nerves, causing the bladder to spasm forcefully and empty suddenly and without warning, day or night. A pee accident comes on like a hiccup or a sneeze — there's no stopping it. **In the case of encopresis, the rectum becomes so clogged and floppy that poop falls out of the child's bottom.** What's more, the stretched rectum loses sensation, so the child can't feel the urge to poop, allowing even more poop to accumulate. Trifecta kids have all this going on at once.

In addition, many girls with the trifecta develop chronic urinary tract infections (UTIs). That poop pile-up in the rectum contains a gazillion bacteria. Since girls have shorter urethras than boys, the offending bacteria can easily crawl over the perianal skin, into the vagina, and up to the urethra and bladder, where they multiply and trigger infection.

Resolving chronic constipation will resolve the trifecta and prevent UTIs. **If you're unsure whether your child is actually constipated, ask your doctor to order an abdominal x-ray, known as a KUB** (short for "kidneys ureters bladder"). I generally don't x-ray my trifecta patients (or encopresis-only patients), since constipation is literally the only cause of poop accidents, and an x-ray won't reveal anything that isn't already obvious from the child's symptoms. I do x-ray my enuresis patients, to rule out the rare medical conditions that can cause urine leakage in the absence of constipation. However, when parents of trifecta kids question whether their child is constipated ("He can't be constipated — he poops every day"), I will order an x-ray for evidence of the child's clogged, enlarged rectum. Traditional methods of diagnosing constipation — pooping frequency, feeling the child's belly, transit-time studies — are notoriously unreliable. X-rays don't lie.

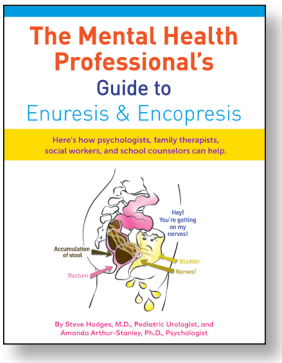
TREATING THE TRIFECTA: A PARENT'S PERSPECTIVE

"It's physical, not behavioral. Knowing that has made all the difference."

We have been on M.O.P. for nearly a year. My 7-year-old hasn't had a poop or pee accident in months! Before M.O.P., we tried Miralax for years and a hospital GoLightly cleanout. All resulted in no relief. M.O.P. is the only thing that has worked. We've weaned off Ex-Lax and now do an LGS every few days. My daughter is happy, cooperative, and grateful for the peace and 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.

Helpful Reading for Parents:

- Enuresis and Encopresis Are Not "Mental Disorders." Let's Remove Them from the DSM-5
- "Nagging" Your Child to Use the Toilet: Are Potty Sits Useful?
- Yes, Your Child Can Poop Every Day and Still Be Constipated
- When Constipation Treatment Improves a Child's Behavior or Mood

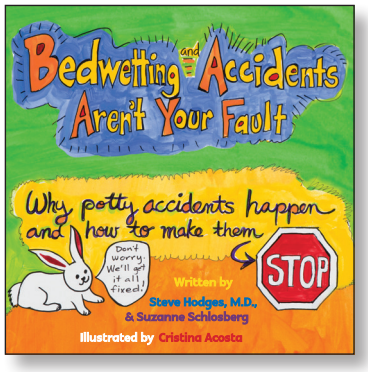


- The Mental Health Professional's Guide to Enuresis and Encopresis

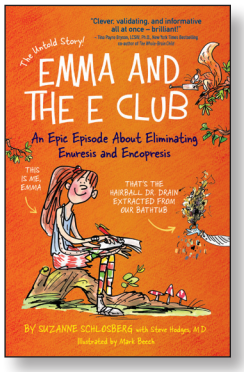
  Our free guide explains that enuresis and encopresis are not mental-health conditions and should not be treated as such.

Helpful Reading for Children:

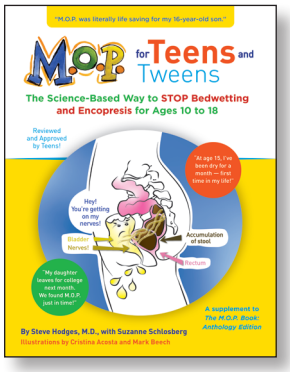
Children with the trifecta shoulder loads of shame and blame, so I emphasize to my patients that accidents are *not* their fault and are caused by a medical issue we can fix.



For ages 4-10



For ages 7-12



For ages 10+

TREATING THE TRIFECTA: A PARENT'S PERSPECTIVE

"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 grieving on our part once we implemented the program. He is 16 now and just recently stopped wearing diapers. I just recently bought him underwear.

INSIGHT #2: Don't Waste Time with Half Measures

Physicians tend to downplay the severity of chronic constipation and steer parents toward the most conservative, "least invasive" treatment methods, such as high-dose PEG 3350 (Miralax) "clean-outs" followed by a daily dose of Miralax. Some doctors will recommend a week of stimulant laxatives such as Ex-Lax. On occasion, a doctor will even recommend a few enemas.

Three words for all these approaches: Waste. Of. Time.

If a child has occasional bedwetting, then, OK, give one of those strategies a try. But any child with the trifecta needs far more aggressive treatment. In my experience, half-measures like Miralax simply prolong the child's accidents, allowing symptoms (and the family's despair) to worsen. Even STANDARD M.O.P. (a daily enema plus a daily osmotic laxative) — a regimen I often recommend for bedwetting or daytime enuresis alone — is weak sauce for most trifecta cases.

> "After 5 or 6 years of Miralax, my daughter, now 9 ½, is SICK of it, and so am I. We're both finding Multi-M.O.P easier than me having to force her to drink liquids she doesn't want. I'm glad skipped straight to Multi-M.O.P. I think we would have wasted a lot of time and energy at the Standard M.O.P. level."

As shown in the Trifecta Algorithm, my advice is: Do not dawdle. Head straight to MULTI-M.O.P. (two glycerin or docusate-sodium enemas per day, no laxatives) or M.O.P.X (one enema plus an appropriate dose of senna). The idea is to stimulate two bowel movements per day. That is the most effective way to make a dent in the stool pile-up triggering the accidents. Pooping once a day may prevent symptoms from worsening and may keep encopresis at bay but likely won't fix the situation for good, at least not in a timely manner. And, yes, in the early stages of treatment, I recommend stimulating two bowel movements per day no matter how often the child poops on their own. When trifecta kids poop spontaneously, they tend not to fully evacuate.

Why do children with the trifecta need such aggressive treatment?

- **These kids tend to be more severely constipated than children with one or two symptoms.** Often (though not always), x-rays in trifecta kids show a larger rectal diameter. Why? Who knows? Perhaps a genetic predisposition toward constipation. Or a more deeply ingrained tendency to delay pooping. Or more years without adequate treatment. Or all of the above.

- **Their constipation may be less responsive to enemas and laxatives.** I can't explain why one enema per day will effectively hoover out one child's rectum and barely make a dent in another's. But I often have patients who simply get nowhere on STANDARD M.O.P. Heck, I even have patients who remain constipated, as demonstrated via x-ray, after months on two glycerin enemas per day. More often than not, these are trifecta kids, and they require more robust treatment. For example, adding overnight olive oil to the mix often helps — see the DOUBLE M.O.P. and J-M.O.P. sections of the *M.O.P. Anthology*.

- **Children with the trifecta have a double dose of bad luck.** Many children who are severely constipated nonetheless experience "only" one or two symptoms, rather than the trifecta. Encopresis-only children may have a bladder of steel, with nerves that simply are not bothered by

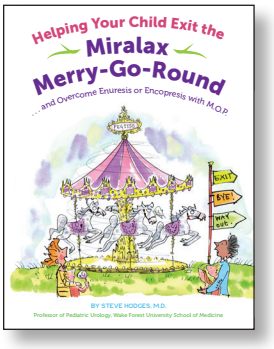
the rectal bulge, but their rectum has weakened considerably due to the large poop mass. On the flip side, enuresis-only kids have highly sensitive bladders, but their rectum retains sufficient tone to prevent poop from dropping out. Unfortunately, the trifecta kids experience both a highly sensitive bladder and a particularly floppy rectum.

Most parents who have tackled the trifecta with Standard M.O.P. will tell you the same thing: They wish they'd implemented a more aggressive regimen from the start. I wish I'd thought of Multi-M.O.P. years ago! I'd have been helped thousands more of my patients overcome accidents much faster. But you can't go back in time.

In addition to reading the blog posts below, I suggest familiarizing yourself with the different M.O.P. variations, spelled out in Section 5 of the *M.O.P. Anthology 5th Edition*. Only then will the M.O.P. Trifecta Algorithm make sense.

Helpful Reading for Parents:

- Doctors Get Encopresis Treatment All Wrong
- Children with Encopresis and Enuresis Deserve the Best Treatment, But Most Aren't Getting It
- A Japanese Twist on Bedwetting Treatment: Olive Oil Enemas Plus Liquid Glycerin



- Helping Your Child Exit the Miralax Merry-Go-Round

  Our free guide explains why Miralax is insufficient for trifecta kids.

TREATING THE TRIFECTA: A PARENT'S PERSPECTIVE

"While Standard M.O.P. helped, it wasn't enough."

Hindsight is 20/20, but I now realize how under-informed I was. I just thought accidents are accidents are accidents. I didn't understand how much rougher the road would be with the trifecta.

Before M.O.P. we only did Miralax — LOTS of it for 6 months, from age 2.5 to 3 — prescribed by his pediatrician. My son only ever got worse with it, which was so confounding to both the pediatrician and myself, though knowing what I know now, it's crystal-clear why.

When he was 3, I remember being so surprised at how much stool one little body could contain. Sometimes, the potty was SO full of poop from one evacuation, like a GALLON of poop, that I worried it would touch his bottom. It was unbelievable.

I thought one enema a day was aggressive enough, but I now realize his condition needed WAY more from the get-go. While Standard M.O.P. always helped, I now know it wasn't enough for the severity of his constipation. We started before Multi-M.O.P. existed, and I often wonder if Multi-M.O.P. had been an option a few years ago, how much he would have benefited from that. Once we started, it was actually not at all difficult to get into an enema routine. It's just become another hygiene task.

INSIGHT #3: Remain Patient and Flexible

Virtually all trifecta kids follow the same healing pattern: First encopresis resolves, usually within a month (often faster and occasionally slower). Then, daytime enuresis resolves, usually within another few months. Then there's the Long Lag — the maddeningly long period before nighttime wetting stops. **If you expect a compressed healing schedule, you will be disappointed.** (And if you expect an insanely long haul, you might be pleasantly surprised!) Still, you can take a number of steps to minimize the treatment period. For example;

•Shift Gears When Your Child Stalls

Use the Trifecta Algorithm to make educated guesses about which M.O.P. variation to try next. But don't cling to any single plan. Two children with the exact same symptoms may respond very differently to the same regimen. Most of my trifecta patients do quite well on two LGS per day, but some need three docusate sodium mini-enemas daily, and others make more progress on M.O.P.x.

Still others need to mix and match regimens. For example, some children have found success combining Multi-M.O.P. with J-M.O.P. —that is, two LGS per day plus an overnight oil enema. Others do best on daytime Japanese-style enemas (the 50% glycerin/50% water formula described in the Anthology) but without the overnight oil. Some children benefit from adding a periodic Miralax "clean-out" to Multi-M.O.P. Some kids do better without any laxatives; others need laxatives to make progress.

I don't advise making changes willy-nilly — it's important to give each new approach a good month (well, unless it's an obvious disaster). On the other hand, don't persist with a regimen that is bringing no improvement at all. Recording your child's progress or lack thereof will help you decide which changes to make and when. More on that below.

•Track Your Child's Treatments and Results

Managing the trifecta on a daily basis is, as one mom noted, is practically a full-time job. You may be in constant communication with your child's teacher, school counselor, and school nurse, and you're probably strategizing daily with your child and always reacting to the latest crisis. As a result, you may not be able to see the forest for the trees. For example, you might not notice that your child hasn't had a poop accident in 10 days or that your child's pull-up overnight is less soaked. Or that your child actually articulated, "I need to poop!"

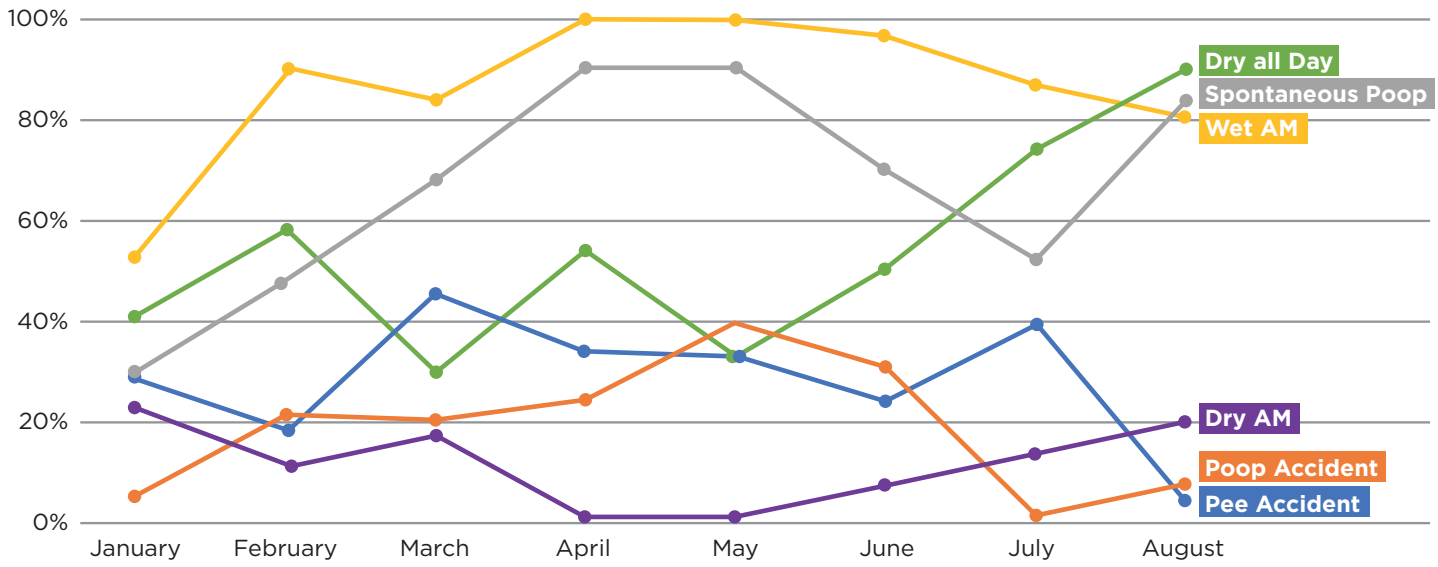
"I was surprised with how effective M.O.P. was at eliminating encopresis right away, which was LIFE CHANGING. But I was also surprised at how long the whole process ended up taking, even though I was probably warned."

These are signs of progress that can go unnoticed in the hurly-burly of the day. On the other hand, you might also not recognize specific scenarios that would warrant a change in treatment. For example, if your child's poop remains firm even on Multi-M.O.P., you might add an osmotic laxative, even though osmotics are not part of Multi-M.O.P. Or if your child says, "It feels like more poop is stuck in there," you might add a few nights of overnight oil. The point is, you may not notice or remember subtleties unless you track them in a daily calendar or spreadsheet. The *M.O.P. Anthology* includes several tracking calendars, and many parents create their own digital versions.

As one mom posted: "When I feel like giving up, I look at the notes I wrote a few months back about tummy pain that's gone or the increasing # of dry nights, or that my daughter can feel she's empty after a BM — all signs that she's healing." Another mom reported her son had experienced a number of discouraging setbacks, but when she analyzed the data, she said, "It turned out the downslide wasn't as bad as I initially thought it was."

"Don't be afraid to experiment and mix it up and find what works for your child. This is not linear, and M.O.P. is not magic."

Here's an example of a chart created by a "trifecta mom" whose child experienced significant improvement in encopresis, daytime dryness and spontaneous pooping but had yet to see improvement overnight.



Over 8 months, this child showed significant improvement in daytime dryness and spontaneous poops but minimal improvement overnight, typical for children with both encopresis and enuresis.

•Get Follow-Up X-rays

Sometimes, when a child with the trifecta hits a plateau — such as during the Long Lag — you can't distinguish between two common scenarios: 1.) the child's rectum has emptied but remains enlarged (explaining why the bladder nerves remain aggravated) or 2.) the child's rectum remains clogged. An x-ray can distinguish between the two and guide further treatment. For example, in scenario #1, bladder medication can halt or diminish accidents, providing a psychological boost while the child continues with **M.O.P.** and waits for the rectum to heal. Or, the family may want to try bladder Botox. In scenario #2, medication or Botox likely won't help. Instead, a more aggressive **M.O.P.** variation, such as **J-M.O.P.**, would be the next step.

"Get comfortable with experimenting. What worked for someone else's child (or indeed what is set out in the *Anthology*) might not work for your kid. Get confident tweaking, observing, collecting data."

"We had multiple unsuccessful tapers, and that was defeating. But it was always at least helpful to know the accidents would stop as soon as we restarted enemas."

•Taper Very Gradually

In my experience, the children most likely to experience setbacks, even after accidents cease, are the trifecta kids. You can prevent a lot of disappointment by tapering off enemas and laxatives at an extremely slow pace, rather than jumping from daily enemas to every other day. Various Slow Taper options, ranging from the 2:1 Slow Taper to The Slowest Taper Ever, are described on pages 68-69 of the *Anthology 5th Edition*.

Helpful Reading for Parents:

- The "Long Lag": Why Bedwetting Takes Longer to Fix Than Daytime Accidents

TREATING THE TRIFECTA: A PARENT'S PERSPECTIVE

"My main takeaway: Give this process TIME and PATIENCE!

We didn't even know constipation was an issue, since our son always had daily bowel movements. We've been doing M.O.P. for 13 months with great success. For us, it took 8 months until he could feel the urge to poop and spontaneous poops returned. 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. We've had a few regressions along the way. Each time, we would do a magnesium citrate clean-out and overnight mineral oil enemas on the weekends for a few weeks. This seems to get us back on track.

INSIGHT #4: Find Support for Yourself and Your Child

The trifecta is a difficult set of conditions to contend with — to say the least — but it doesn't have to be so isolating. I emphasize to parents and children that they are not alone in their struggles. Plenty of families worldwide are dealing with these issues. Here are some ways to get support for your family.

"I wish I had reached out for support sooner. I really thought I was resourceful enough to figure this out on my own, but clearly my son's situation was complex, and I just didn't come to terms with that soon enough."

- **Join a private support group online.** Our private Facebook group includes many parents from around the world who are dealing with the trifecta, and I'm sure other private enuresis/encopresis support groups exist online as well. Our group is not just private but hidden: You can't see that the group exists — let alone view posts — unless you have personally been invited by us.

"This can be a years-long journey and emotionally taxing. A lot of people don't 'get' it. Do what's right for your child, but take care of yourself as well."

- **See a mental health counselor for yourself and/or your child.** The trifecta often leads to anxiety, loss of self-esteem, and family conflict, and a compassionate, well-trained counselor can help families cope. Just make sure you find a counselor who fully understands that enuresis and encopresis are not, themselves, mental-health conditions and that your therapist is on board with M.O.P. Our Find a Provider database includes M.O.P.-friendly healthcare providers.

- **Make sure your child knows other children struggle with the same issues.** As I mentioned earlier, many children find comfort in our children's books, particularly *Bedwetting and Accidents Aren't Your Fault* and *Emma and the E Club*. In addition, our private Facebook support group includes access to a video made by a 7-year-old encouraging other kids to give enemas a try even if they're scared. The girl who made the video served as the inspiration for Emma in *Emma and the E Club*.

"There is nothing like the solidarity of other parents who get it. Reaching out to others has helped me immensely, both in a practical sense but also in terms of seeing people experiencing a similar emotional roller coaster."

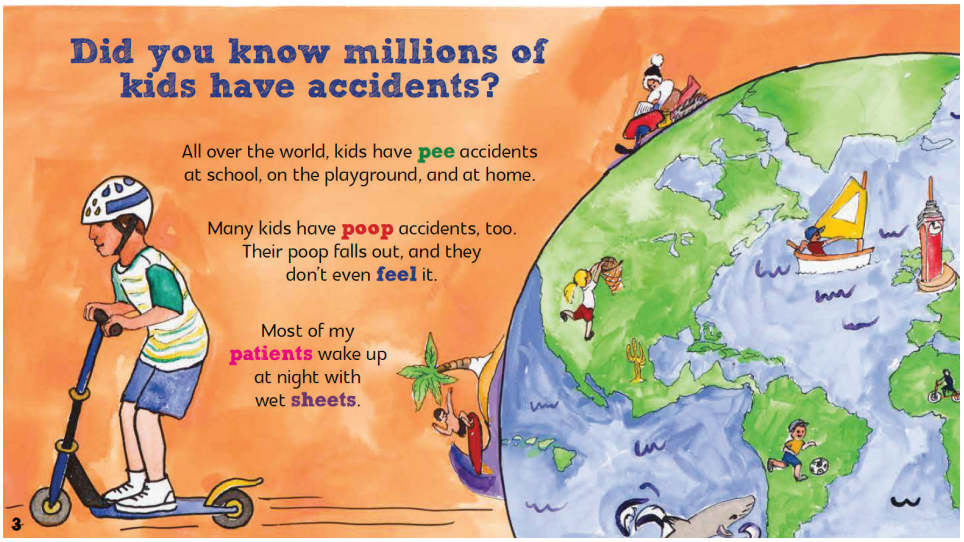


Illustration from *Bedwetting and Acccidents Aren't Your Fault*

The M.O.P. Trifecta Algorithm

A treatment plan for children with encopresis, daytime enuresis, and bedwetting.

FIRST 30 DAYS: Multi-M.O.P.

2 LGS or docusate sodium enemas/day, no laxatives.

IF POOP ACCIDENTS STOP

Continue Multi-M.O.P. for 30-60 days. No osmotic unless persistent hard stool.

IF DAY WETTING STOPS:

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

IF BEDWETTING STOPS:

Drop to 1 enema/day + osmotic for 30 days.

3:1 or 2:1 Slow Taper + senna on no-enema days as needed to ensure SP.

Taper off senna. Daily osmotic 1 year.

IF BEDWETTING PERSISTS:

Continue Multi-M.O.P. If no improvement 30+ days. If no improvement, get x-ray.

IF EMPTY RECTUM [PER X-RAY]:

Continue Multi-M.O.P. or .M.O.P.x until reliably dry. Optional: Add bladder meds.

Periodically drop meds as test. Once dryness holds, taper off meds and drop to 1 enema/day + osmotic for 30 days.

3:1 or 2:1 Slow Taper. Senna as needed to ensure SP.

Taper off senna. Daily osmotic 1 year.

IF RECTAL STOOL [PER X-RAY]:

J-M.O.P. or overnight oil + Multi-M.O.P. [or M.O.P.x] 30-60 days. Optional: Weekend oral clean-outs.

IF BEDWETTING DIMINISHES:

Drop oil. Continue Multi-M.O.P. or M.O.P.x until reliably dry.

Drop to 1 enema/day + osmotic for 30 days.

3:1 Slow Taper. Senna on no-enema days.

Taper off senna. Daily osmotic 1 year.

IF BEDWETTING PERSISTS:

Continue Multi-M.O.P. or M.O.P.x, oil optional. Add bladder meds.

If no improvement on all 3 med categories, consider Botox and switch to Standard M.O.P. after surgery, to prevent recurrence when Botox wears off.

IF POOP ACCIDENTS PERSIST:

Follow J-M.O.P. until poop accidents stop. Then shift to Multi-M.O.P. for 30-60 days, Then rejoin algorithm based on whether day wetting has stopped.

IF DAY WETTING PERSISTS:

Next 30-60 days, add overnight oil (nightly or periodically) to Multi-M.O.P. or try J-M.O.P.

IF DAY WETTING STOPS:

Drop oil. Follow Multi-M.O.P. until bedwetting stops.

IF BEDWETTING PERSISTS

1 enema/day. Then 3:1 Slow Taper + senna on no-enema days.

Taper off senna. Osmotic 1 year.

IF DAY WETTING PERSISTS

Continue J-M.O.P., Multi-M.O.P., or M.O.P.x. Get x-ray. If full x-ray, add weekend oral clean-outs. If OK x-ray, add bladder meds.

IF IMPROVEMENT:

Continue regimen until bedwetting stops.

Periodically drop meds as test. Once dryness holds, taper off meds. Drop to 1 enema/day + osmotic for 30 days.

3:1 or 2:1 Slow Taper. Senna as needed to ensure SP.

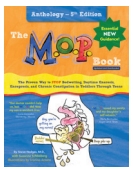
Taper off senna. Daily osmotic 1 year.

IF NO IMPROVEMENT:

Try all M.O.P. regimens and all 3 bladder meds.

IF ANY WETTING PERSISTS:

Bladder Botox. If wetting returns, meds until dry or second Botox injection.



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

BedwettingAndAccidents.com