

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

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 PERSISTS

IF BEDWETTING STOPS:
Drop to 1 enema/day + osmotic for 30 days.

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

IF DAY WETTING STOPS:
Drop oil. Follow Multi-M.O.P. until bedwetting stops.

IF BEDWETTING 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.

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 EMPTY RECTUM [PER X-RAY]:
Continue Multi-M.O.P. or .M.O.P.x until reliably dry. Optional: Add bladder meds.

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.

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

IF IMPROVEMENT:
Continue regimen until bedwetting stops.

IF NO IMPROVEMENT:
Try all M.O.P. regimens and all 3 bladder meds.

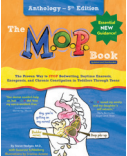
Periodically drop meds as test. Once dryness holds, taper off meds and drop to 1 enema/day + osmotic for 30 days.
3:1 or 2:1 Slow Taper. Senna as needed to ensure SP.
Taper off senna. Daily osmotic 1 year.

IF 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.

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 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

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