

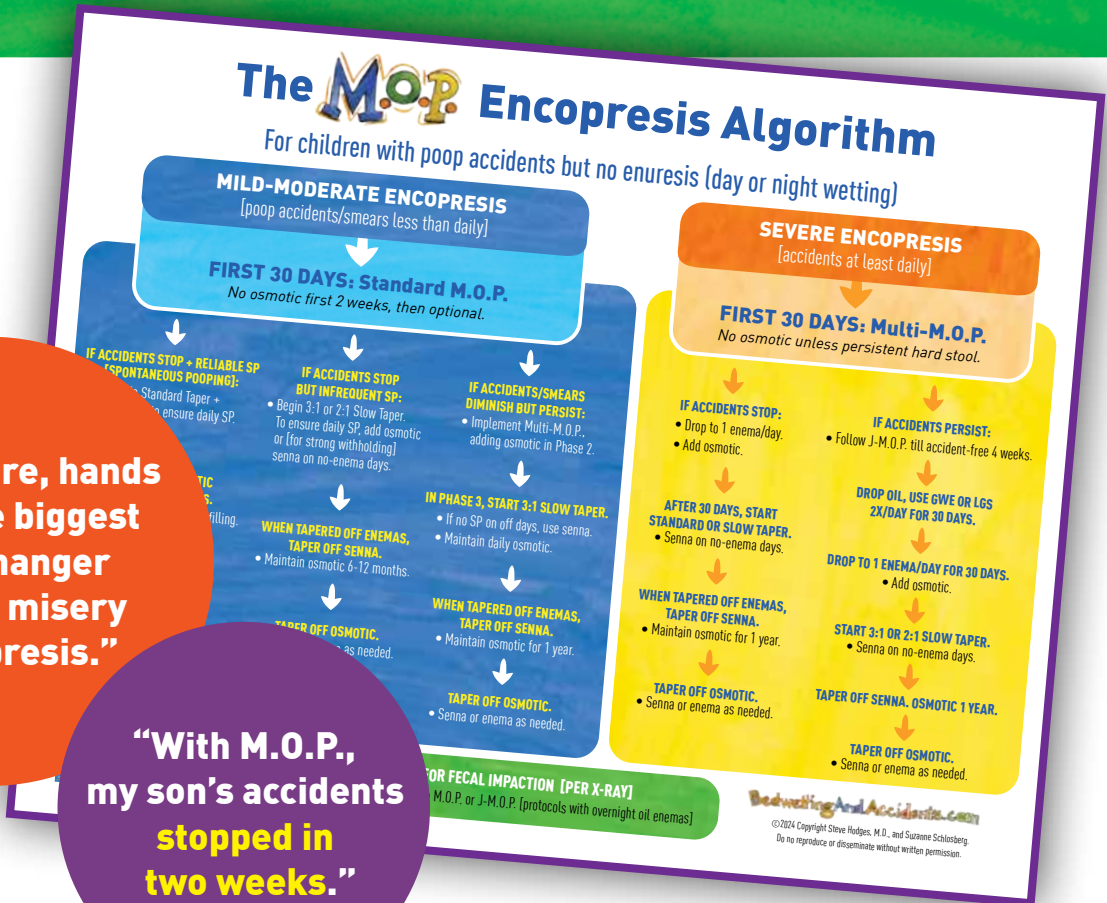
An Introduction for Parents

Treating Encopresis

with **M.O.P.**

DON'T WASTE ANOTHER MINUTE!

Learn how to stop poop accidents and restore your child's confidence.



“Enemas are, hands down, the biggest game changer from the misery of encopresis.”

“With M.O.P., my son's accidents stopped in two weeks.”

Dear Parents,

Few childhood conditions cause more embarrassment and distress than encopresis, chronic poop accidents. Children often suffer for years, avoiding play dates and summer camps, withdrawing from peers, shouldering shame and blame for a condition that is not their fault. Some are suspended from school; others choose homeschooling because their accidents are unmanageable. Some become depressed and self-harm.

None of this suffering needs to happen. In nearly all kids, encopresis is easily and quickly resolved — if treated appropriately.

Unfortunately, most families are steered in the wrong direction, told the child's encopresis 1.) stems from psychological or behavioral issues or 2.) is best treated with oral laxatives such as Miralax (PEG 3350). Schools often refer these kids for behavioral counseling, while doctors tend to push Miralax. And when that fails, more Miralax. Meanwhile, accidents persist.

In reality, encopresis is caused by chronic constipation, and the most effective treatment, by far, is an enema-based approach such as the Modified O'Regan Protocol (**M.O.P.**).

If your child has been riding the Miralax merry-go-round or has never been treated for constipation start with the steps listed below. The Encopresis Algorithm, an approach I've honed over two decades, will help guide you through the treatment process.

Keep in mind that children with encopresis only — no bedwetting or daytime wetting — will have a much shorter journey than those tackling two or three symptoms. However, **M.O.P.** will resolve both encopresis and enuresis. This packet focuses on encopresis.



Let us know how we can help your family!

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

"Our daughter had encopresis from age 3 to age 7. She had to wear pull-ups every day to school. After trying everything (lots of doctors visits and Miralax - ugh!!!), I gave M.O.P. a try. Before, I had never even heard of an enema. I did not think M.O.P. would work, but it did. M.O.P. changed my entire family's life for the better!"

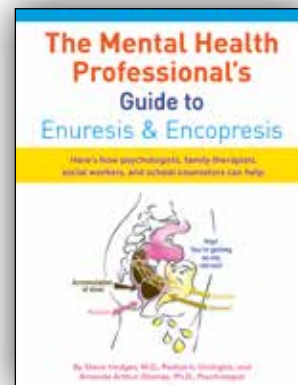
"Our 8 y.o. daughter had encopresis from age 3. Nothing worked, until we found M.O.P. For all the parents who think there is no hope, I promise there is. We have been off enemas for about 6 months with no accidents. Patience, consistency, and sticking to the M.O.P. plan are key."

"Before M.O.P., my son was on Miralax for 3 years. He was a big, poopy mess!"

STEP 1: Learn the facts about encopresis.

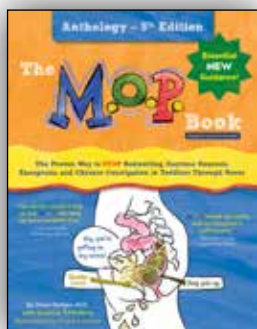
These 6 blog posts will get you up to speed.

- [Doctors Get Encopresis Treatment All Wrong](#)
- [Children with Encopresis and Enuresis Deserve the Best Treatment, But Most Aren't Getting It](#)
- [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?](#)
- [Why Miralax Clean-Outs Fail](#)
- [Getting Your Constipated Child Off the Miralax Merry-Go-Round](#)



Encopresis accounts for 3% to 6% of psychiatric referrals among school-aged children, yet it is not a mental-health condition, as our [FREE GUIDE](#) explains.

STEP 2: Read up on the science behind M.O.P.



- *The M.O.P. Anthology, 5th Edition* delves deeply into M.O.P. — its origins, the supporting science, and the supplies and knowledge needed to implement this approach with confidence and at a very low cost. Includes *The Physician's Guide to M.O.P.* to share with your healthcare provider.
- Download the [Introduction](#) at no cost.
- Purchase the [PDF](#) or the amazon paperback in [black-and-white](#) or [premium color](#). Read the [full text](#) of the supporting studies.

ONE PARENT'S PERSPECTIVE

“M.O.P. literally saved my daughter's life.”

My daughter literally leaked stool all day long. Had severe abdominal pain and was no longer able to attend school. Her paediatrician kept pushing Restoralax [PEG 3350] and telling us to increase the dose. We saw two paediatricians, a paediatric NP, and had one ER visit. They just continued to recommend PEG 3350, no matter how many times we went back.

They also said accidents were due to her “strong willed” personality and “lack of emotional connection” to her mother and recommended psychotherapy, as it was a “behavioural disorder.” We did that for a good 3 years, too. Every type of therapy — equine, dog, art, play. And saw a child behavioural therapist “specializing” in toileting.

It only continued to get worse and worse, causing her severe emotional distress to the point of self-harm and suicidal ideation. We were started on anti-depressants. Our next step was anti-psychotics.

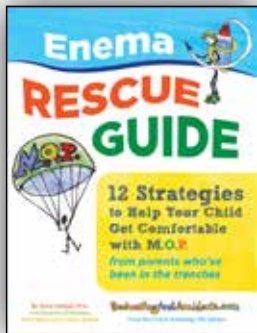
Once we started M.O.P. all these behaviours improved, and she was able to wean off all antidepressants. M.O.P. literally saved my daughter's life. She is back at school and thriving!

STEP 3: Choose a M.O.P. variation.

STANDARD M.O.P., M.O.P.x, M.O.P.+ , DOUBLE M.O.P., MULTI-M.O.P., J-M.O.P. — embarking on M.O.P. can feel overwhelming, given all the variations described in Sections 5 and 6 of *The M.O.P. Anthology 5th Ed.* Parents often wonder, “Where should we start?” and “When should we switch?” That’s where the M.O.P. Encopresis Algorithm comes in handy! The Algorithm, a road map for encopresis treatment, will help you make logical treatment decisions.



STEP 4: Gain your child’s buy-in.

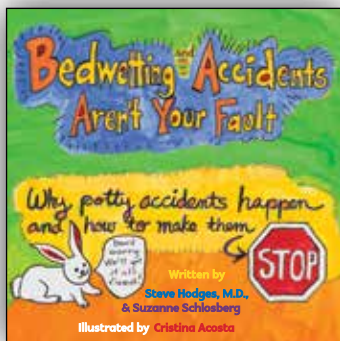


It’s important, of course, for your child to be on board with M.O.P. Children are usually more receptive than their parents predict, and enemas pretty quickly become routine.

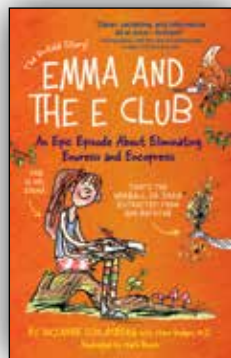
The Enema Rescue Guide, included in the *M.O.P. Anthology*, offers creative, kid-tested strategies recommended by parents in our private Facebook support groups.

In addition, our children’s books reassure kids that encopresis is never a child’s fault and that they are not alone: Loads of kids worldwide have encopresis and use enemas.

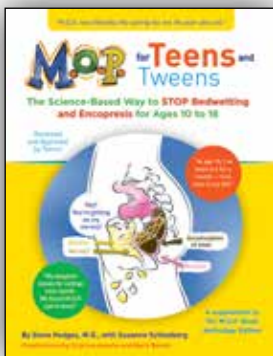
We offer books for three different age groups/maturity levels:



Ages 5-10



Ages 7-12



Ages 10+

ONE PARENT’S PERSPECTIVE

“The poor guy had three poop accidents at his 6th birthday party.”

When my son was diagnosed with encopresis at 5, I found M.O.P., but his pediatrician was against enemas, so I took her suggestion of Miralax cleanouts. Fast forward 2 1/2 years. The poor guy had three poop accidents at his 6th birthday party at a park. Yet I kept up with Miralax.

Just before covid happened, he was having daily accidents at school. His doctor blamed it on stress and had me adjust the Miralax dose. I went back to M.O.P. His accidents stopped as soon as we started enemas, and we are now tapering.

After every enema, he would let out a huge sigh of relief. After the third day, he was chanting an enema song and telling his grandparents all about it.

My son’s behavior and demeanor are so much better. He used to have anger and behavioral problems that we thought were age related, but I am not so sure now. It is crazy that doctors tell us that enemas are too traumatic for these kids.

BedwettingAndAccidents.com



The M.O.P. Encopresis Algorithm

For children with poop accidents but no enuresis (day or night wetting)

MILD-MODERATE ENCOPIRESIS

[poop accidents/smears less than daily]

FIRST 30 DAYS: Standard M.O.P.

No osmotic first 2 weeks, then optional.

IF ACCIDENTS STOP + RELIABLE SP [SPONTANEOUS POOPING]:

- Begin Standard Taper + osmotic to ensure daily SP.

TAPER OFF OSMOTIC AFTER 6-12 MONTHS.

- Stay vigilant for signs of refilling. Use enema as needed.
- If accidents recur, restart M.O.P. with Slow Taper.

IF ACCIDENTS STOP BUT INFREQUENT SP:

- Begin 3:1 or 2:1 Slow Taper. To ensure daily SP, add osmotic or [for strong withholding] senna on no-enema days.

WHEN TAPERED OFF ENEMAS, TAPER OFF SENNA.

- Maintain osmotic 6-12 months.

TAPER OFF OSMOTIC.

- Senna or enema as needed.

IF ACCIDENTS/SMEARS DIMINISH BUT PERSIST:

- Implement Multi-M.O.P., adding osmotic in Phase 2.

IN PHASE 3, START 3:1 SLOW TAPER.

- If no SP on off days, use senna.
- Maintain daily osmotic.

WHEN TAPERED OFF ENEMAS, TAPER OFF SENNA.

- Maintain osmotic for 1 year.

TAPER OFF OSMOTIC.

- Senna or enema as needed.

SEVERE ENCOPIRESIS

[accidents at least daily]

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

No osmotic unless persistent hard stool.

IF ACCIDENTS STOP:

- Drop to 1 enema/day.
- Add osmotic.

AFTER 30 DAYS, START STANDARD OR SLOW TAPER.

- Senna on no-enema days.

WHEN TAPERED OFF ENEMAS, TAPER OFF SENNA.

- Maintain osmotic for 1 year.

TAPER OFF OSMOTIC.

- Senna or enema as needed.

IF ACCIDENTS PERSIST:

- Follow J-M.O.P. till accident-free 4 weeks.

DROP OIL, USE GWE OR LGS 2X/DAY FOR 30 DAYS.

DROP TO 1 ENEMA/DAY FOR 30 DAYS.

- Add osmotic.

START 3:1 OR 2:1 SLOW TAPER.

- Senna on no-enema days.

TAPER OFF SENNA. OSMOTIC 1 YEAR.

TAPER OFF OSMOTIC.

- Senna or enema as needed.



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

FOR FECAL IMPACTION [PER X-RAY]

- Follow Double M.O.P. or J-M.O.P. [protocols with overnight oil enemas]



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