Here with you where you need us.



Meet with a friendly HMSA representative in person at an HMSA Center near you. Centers are conveniently located in Honolulu, Pearl City, Hilo, Kahului, and Lihue.

At an HMSA Center, you'll get personalized service you can count on to help you:

- With questions about your health plan.
- Find a doctor.
- Understand Medicare options for retirement.
- Pay your HMSA bill.
- Choose a new health plan.
- And more.

For locations and hours of operation, visit **hmsa.com/contact** or scan the QR code.

Most locations are open after hours and on weekends. No appointment needed. Walk-ins welcome.

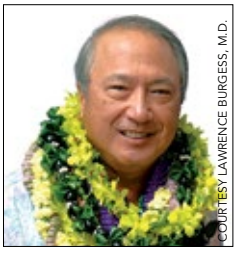
hmsa

1010-1243650

ahem, phlegm

words Keely Kalama-Lakey and Kristen Nemoto Jay





COURTESY LAWRENCE BURGESS, M.D.

Lawrence Burgess, M.D.

Everyone has to deal with phlegm. It's the thick, sticky mucus that can accompany a respiratory condition. For some, it's an ongoing problem due to allergies, asthma, or other health conditions. It can cause an annoying tickle in your throat and coughing fits as you clear it from your throat or lungs. While your body produces it as a normal immune response, it can lead to breathing problems and bacterial infections.

Lawrence Burgess, M.D., an HMSA medical director and recently retired ENT-otolaryngologist (ear, nose, and throat specialist), shares more about how phlegm develops, when and how to treat it, and how to decrease it.

What causes phlegm?

People need mucus to help line mucosal surfaces and control harmful germs in the lungs, sinuses, mouth, stomach, and intestines. Excessive mucus production can be caused by poor sinus drainage, sore throats and upper respiratory infections, lung diseases, or gastrointestinal problems. Phlegm refers to mucus in your throat and lungs.

When to be concerned and get help

If you're having trouble breathing, seek prompt and appropriate medical attention. If you've been coughing up phlegm that's not clear or light yellow in color for more than 10 to 14 days and shows no signs of improvement, schedule an appointment with your primary care provider right away. "With a chronic cough, your provider will want to check your lungs first," says Dr. Burgess. "If your lungs are clear, other things can be evaluated."

Your provider will check if you've recently been in contact with something you're allergic to. If so, an antihistamine or corticosteroid may be recommended. If you have an infection, antibiotics may be prescribed. If you have acid reflux, antacids or a change in your diet may help to reduce the problem.

How to prevent or decrease phlegm build-up

- Stay hydrated so your body can flush out toxins and thin mucus.
- Use a saline solution, such as a nasal spray or neti pot, to rinse out your nasal passages.
- For gastrointestinal problems, wait at least three hours after you've eaten or consumed alcohol before lying down.
- Check air conditioner or air purifier filters to make sure they're clean. Clean carpets and floors regularly to prevent dust and dirt buildup.
- See your doctor at least once a year to help manage asthma, allergies, or other respiratory conditions.



words Kristen Nemoto Jay



Kristen Nemoto Jay and her daughter Winter, November 2021.

After I gave birth to my first child, I had every intention of breastfeeding. But, as "natural" as this part of postpartum life was supposed to be, it was also one of the most challenging times of my life.



Jason Ching, D.D.S.

"Breastfeeding is more complex than people think," says Jason Ching, D.D.S., a pediatric dentist at Oahu Pediatric Dentistry in Pearl City. "Most often it's because the mother and baby are learning together, and that may take some time."

Looking back, I didn't have much time left to give. It felt like a piranha was trying to eat my chest every time I breastfed. After our lactation consultant referred us to a pediatric dentist, it was discovered that our daughter's lingual frenum, the band of tissue that tethers her tongue to the floor of the mouth, was too tight (called a "tongue tie"), causing her tongue to not be able to fully suckle. To top it off, she had a similar condition with her labial frenum, the band of tissue that connected her upper lip to her upper gum ("lip tie").

On some occasions for babies with a tongue and lip tie, their "latch" – when the baby's mouth attaches to the nipple and areola – may be shallow, causing pain to the mother and potentially hindering milk transfer. Along with breastfeeding difficulties, tongue and lip ties may pose hardships later in speaking, swallowing, and eating.

If assessed and treated early, a frenectomy procedure is performed. A pediatric dentist or ear, nose, and throat doctor will either cut the frenum with scissors or laser it away to release the tight band of tissue. The procedure is nearly painless, described by older children who've undergone the procedure as feeling like a cold sore thereafter. Though just 10% of infants or children who come to Dr. Ching are diagnosed, and 4% of them are treated with a frenectomy procedure, Dr. Ching wants parents, and especially mothers, to know that this may be an option if they choose.

"We assess the baby's and mother's entire list of signs and symptoms," says Dr. Ching. "For it also depends on the anatomy of the baby and mother. We go through the process and try to determine if it's medically necessary."

After our daughter's procedure, which took no more than 10 minutes, I was able to breastfeed her immediately after and felt an instant change. A month later, after adhering to the important lip and tongue stretch exercises that were provided to us to follow, I was successfully breastfeeding her without any pain.

Dr. Ching says my story is common if parents follow postcare instructions. Overall, it's important for every family to seek what works best for them.

"A mother's intuition knows when there's something wrong," says Dr. Ching. "That's 100% accurate."