

Featured Doctor



Full Name:

Steven R. Sacks, D.O.

- Obtained GI Fellowship at Beth Israel Medical Center in New York
- Adjunct Clinical Professor of Gastroenterology at Lake Erie College of Osteopathic Medicine since 1996
- Practices and resides in Wellington, FL with his wife and two sons
- Hobbies include tennis and traveling

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Barrett's Esophagus – Why Should We Treat Heartburn? Steven R. Sacks, D.O.

BARRETT'S ESOPHAGUS CAN DEVELOP IN PATIENTS with long-standing gastroesophageal reflux disease (GERD). Over time, acid reflux can damage the lining of the esophagus and cause precancerous changes. Approximately 10 percent of patients with GERD go on to develop Barrett's esophagus, and 10 percent of patients with Barrett's esophagus may develop esophageal cancer.

Making a Diagnosis

Diagnosis of Barrett's esophagus requires an upper endoscopy (EGD). During EGD, a long, flexible tube is passed through the mouth into the esophagus while the patient is under sedation. This allows the doctor to directly visualize the lining of the esophagus and take small tissue samples called biopsies. Generally, patients who have had symptoms of GERD for five years or longer should be screened for Barrett's esophagus with an EGD.

Treatment of Barrett's Esophagus

The main treatment for Barrett's esophagus is medication to suppress acid production from the stomach. The most common of these are called proton pump inhibitors, whose brands you may see advertised on television. Depending on the stage or degree of involvement, more invasive treatments are now available. Sometimes surgery is necessary.

In summary, heartburn (GERD) should not be taken lightly. If inadequately treated or undiagnosed, it can lead to cancer of the esophagus.

Possible symptoms to watch for include:

- ✓ Daily heartburn
- ✓ Heartburn for more than five years
- ✓ Difficulty swallowing
- ✓ Vomiting blood
- ✓ Chronic cough

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