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Higher risk of esophageal cancer

An occasional bout of indigestion or heartburn is generally nothing to worry about. But there is growing concern about the dangers of frequent or chronic heartburn.

Frequent heartburn, known in medical terms as gastroesophageal reflux disease or GERD, occurs when the stomach acid regularly flows into your esophagus, irritating and inflaming its lining. This happens when a muscle called the lower esophageal sphincter, which normally blocks acid flow between the stomach and esophagus, becomes weakened or relaxed.

If left untreated, over time, GERD can cause sleep problems, chronic cough and even asthma. Worse yet, years of chronic heartburn can cause permanent structural changes to the lining of your esophagus, putting you at a higher risk for esophageal adenocarcinoma—a very aggressive and deadly cancer.

The overall five-year survival rate for esophageal cancer is only 5% to 30%. However, someone diagnosed in the early stages of the disease has a better chance of survival.

Aggressive monitoring of GERD is needed

Unfortunately, esophageal adenocarcinoma has jumped fivefold in the past 30 years. Although the cancer remains relatively rare—about 14,000 people were diagnosed last year—the incidence of this cancer has risen more rapidly than any other cancer in the United States.

The reason for this sudden upsurge is unclear. But studies show that many cases are preceded by damage in the lower esophagus caused by chronic GERD.

Until more is known about the reasons for this rise in esophageal cancer, doctors say more aggressive monitoring and treatment of GERD patients is needed.

"If you're having heartburn more than once a week, and especially if you're having complications, such as difficulty swallowing, it's time to consult a physician to confirm a specific diagnosis and develop a treatment plan for GERD," says [Joel Montbriand, M.D.](#), of Gastroenterology of the Rockies.

When should your heartburn be "scoped"?

If your physician confirms that you have GERD, you may be given acid-suppressing drugs, such as proton-pump inhibitors or PPIs, available with a prescription. PPIs are very effective at controlling GERD. Still some long-term sufferers, about 10-15%, eventually develop a condition called Barrett's esophagus, which is a change in the esophageal lining. Once the transformation takes place, the risk for esophageal cancer increases by 40 times.

“Chronic heartburn sufferers should have an upper endoscopy.”
Guidelines of the American College of Gastroenterology

Gastroenterology of the Rockies offers a comprehensive approach to diagnosing and treating GERD
 For over 20 years, Gastroenterology of the Rockies has specialized in state-of-the-art diagnosis, treatment, and prevention of digestive diseases—everything from heartburn and hemorrhoid treatment to colon cancer detection. We have the knowledge and years of experience to properly diagnose, treat, and monitor GERD over the long term.

Even though the risk of cancer remains low, with 2 percent to 5 percent of those with Barrett's getting esophageal cancer, because the cancer is so deadly, the American College of Gastroenterology recommends that patients with chronic GERD symptoms have an upper endoscopy to detect Barrett's esophagus.

Upper endoscopy involves passing a small, lighted, flexible tube through the mouth and into the esophagus and stomach. A tiny video camera within the tube allows the doctor to directly examine the esophagus, stomach, and upper small intestine on a TV monitor. During endoscopy, the doctor may take a small sample of tissue (biopsy) to confirm Barrett's.

"Not only can a screening endoscopy help us detect Barrett's, it also lets us determine whether drug therapy is helping to control the GERD," explains Dr. Montbriand.

Who should be screened?

Specific criteria for endoscopy screening—gender, race and age—have not yet been defined. However, guidelines developed by the American College of Gastroenterology state that patients with chronic GERD symptoms are those most likely to have Barrett's esophagus and should therefore undergo upper endoscopy.

