Treatment Treatment of Zollinger–Ellison syndrome focuses on treating the hormone–secreting tumors as well as the ulcers they cause. Treatment of tumors An operation to remove the gastrinomas requires a skilled surgeon because the tumors are often small and difficult to find. If you have just one tumor, your provider may be able to remove it surgically. But surgery may not be an option if you have many tumors or tumors that have spread to your liver. On the other hand, even if you have multiple tumors, your surgeon still may recommend removing a single large tumor. In some cases, providers recommend other treatments to control tumor growth, including: Removing as much of a liver tumor as possible, a procedure known as debulking. Attempting to destroy the tumor by cutting off the blood supply, called embolization. Using heat to destroy cancer cells with a procedure called radiofrequency ablation. Injecting drugs into the tumor to relieve cancer symptoms. Using chemotherapy to try to slow tumor growth. Having a liver transplant. Treatment of excess acid Excess acid production can almost always be controlled. Medicines known as proton pump inhibitors are the first line of treatment. These are effective medicines for controlling acid production in Zollinger–Ellison syndrome. Proton pump inhibitors are powerful acid–reducing medicines. They work by blocking the action of the tiny "pumps" within acid–secreting cells. Commonly prescribed medicines include lansoprazole (Prevacid), omeprazole (Prilosec, Zegerid), pantoprazole (Protonix), rabeprazole (Aciphex) and esomeprazole (Nexium). Long–term use of prescription proton pump inhibitors has been associated with an increased risk of fractures of the hip, wrist and spine. People age 50 and older are at higher risk. However, this risk is small and should be weighed against their acid–blocking benefits. Octreotide (Sandostatin), a medicine similar to the hormone somatostatin, may counteract the effects of gastrin and be helpful for some people.