

oesophagus lay between the torn edges of the prosthesis cushions and the tape. The tape was partially torn from both ends of the prosthesis; despite this, however, the silicone of the prosthesis had not extruded. The prosthesis was removed, with immediate relief of dysphagia and pain.

The Angelchik prosthesis has enjoyed considerable popularity because of the simplicity of operative insertion, little morbidity, and good clinical results.<sup>1</sup> Transient dysphagia is known to occur in up to a third of patients and this may last several weeks.<sup>1,2</sup> In our patient, however, dysphagia was severe and of sudden onset and was associated with back pain. The dysphagia did not respond to conservative management or endoscopic dilatation. It is postulated that the prosthesis had rotated and that the oesophagus then slipped between the ends of the prosthetic cushion. The tearing of the cushion from the tape was probably the result of the endoscopic dilatation. This complication of the Angelchik prosthesis has not previously been recorded. Rotation could perhaps be avoided by suturing the prosthesis tapes anteriorly to the diaphragm.

C UBHI

DL MORRIS

*University Department of Surgery  
University Hospital  
Nottingham NG7 2UH*

- 1 Angelchik JP, Cohen R. A new surgical procedure for the treatment of gastro-oesophageal reflux and hiatus hernia. *Surg Gynecol Obstet* 1979;148:246-8.
- 2 Starling JR, Reichelderfer MO, Pellet JR, Belzer FO. Treatment of symptomatic gastro-oesophageal reflux using the Angelchik prosthesis. *Ann Surg* 1982;195:686-9.

## Notices

### Oxygen concentrator service

An editorial on long term oxygen therapy was published in *Thorax* in November 1985. At that time the Department of Health and Social Security had not published guidelines for the prescription and supply of oxygen concentrators in England and Wales. Guidelines have been published since and circulated to members of the British Thoracic Society, but many doctors appear to be still unaware of the existence of the guidelines or of where they may be consulted.

Details of the oxygen concentrator service are to be found in the *Drug Tariff* (which is circulated to all general practitioners and district health authorities and is likely to be available for reference in hospital pharmacies). Part X of the *Drug Tariff* contains information on the specification and supply of all forms of domiciliary oxygen. The names and addresses of the suppliers holding contracts with regional groups of family practitioner committees for the provision of oxygen concentrators are set out in section A of part X. Clinical guidelines for prescribing long term oxygen therapy are to be found in sections 4-9 of the appendix to part X. The appendix to part X is the matter previously circulated to members of the BTS.

### Pharmacology of asthma

A five day course entitled "The Pharmacology of Asthma" is being held at the Cardiothoracic Institute, Brompton Hospital, London SW3 6HP, from 24 to 28 November 1986. Further details may be obtained from Professor Peter Barnes or from the postgraduate course secretary (01 352 8121 ext 4187).