

## Tribute to Professor Andrew Kingsnorth

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2016 saw the retirement of one of the United Kingdom's great hernia surgeons. Professor Andrew Kingsnorth will be very difficult to replace, and his influence will be missed by so many. Renowned for his quiet manner, sage words and reasoned opinion, his knowledge of surgery and hernia surgery in particular was unsurpassed.

Professor Kingsnorth dedicated his career to advancing abdominal wall surgery. He graduated from the Royal Free Hospital School of Medicine in 1973 and underwent postgraduate training in Norwich, Oxford, Edinburgh in the United Kingdom, and Cape Town in South Africa before being appointed Senior Lecturer at the University of Liverpool in 1987 as a general surgeon with an interest in HPB. From the start of his career, Andrew had a strong interest in hernia surgery. This had been fostered by his mentor H Brendan Devlin, who was also well known in the field of hernia surgery and surgical audit. In 1996, Andrew moved to Plymouth as Professor of Surgery to the Peninsula Medical School. While he continued an active pancreatic surgery interest, he set up the Plymouth Hernia Service. This was the first such service in a public hospital in the world with a Specialist Nurse, well developed care pathways, patient information videos and electronic patient records. Over the next twenty years, he personally operated on well over 3000 inguinal hernias. He also managed 60–80 complex abdominal wall hernias referred annually from other centres in the UK. The

Hernia Service piloted the training of a non-medically qualified Surgical Care Practitioner funded by the *Action On* programme of the NHS Modernisation Agency. Indeed, in 2010 he was cited in the *Times* of London newspaper as the United Kingdom's top expert on hernia surgery.

While a busy active surgeon, his academic accomplishments reveal his dedication to science and the improvement of hernia surgery around the world. His academic writing included over 180 peer-reviewed publications on hernia surgery, and six text-books (of which *Management of Abdominal Hernias* is the current '*surgical bible*' of hernia surgery). He has given over 550 invited lectures at numerous scientific meetings. His analytical mind served well those colleagues with whom he worked on the Editorial boards of the *British Journal of Surgery*, *World Journal of Surgery* and of course *Hernia*.

Andrew was not a man who looked for place, but so often his leadership skills were recognised and sought after. In 2003, he was president of the Pancreatic Society of Great Britain and Ireland and in 2004, he founded the British Hernia Society (BHS). He served this society with clear leadership over the next 12 years. He also had a permanent slot on the BHS program—'the top 10 papers that changed my hernia practice over the past year'. He went on to become president of the European Hernia Society (having served on the EHS Board for a number of years before this) and also President of the section of Surgery at the Royal Society of Medicine.

His undoubtedly proudest achievement was as the founding member of Operation Hernia and later Hernia International. He recognised the immense burden of inguinal hernia disease in low-income and low-resource countries, and leading from the front (as usual), organised numerous 'humanitarian' surgical missions initially to sub-

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Saharan Africa. His infectious qualities caught on and he encouraged others to do likewise. Unlike other charities, his plan was not to parachute in, perform surgery and leave. Indeed, possibly as Africa had had such an early impact on his early surgical career, he understood the need to establish local facilities and train local health care workers so that this surgery continued afterwards. In his effort to create sustainability he was quick to adopt ingenious frugal technology such as the use of sterilised Mosquito net for hernia surgery, pioneered by the Indian surgeon Ravi Tongaonkar. He added scientific rigour to it's use and has been instrumental in persuading the wider surgical community as to its value. To date over 14,000 under-privileged patients have been treated by him 'gently coaxing' surgeons from 26 countries to visit over 20 countries worldwide ([www.herniainternational.org.uk](http://www.herniainternational.org.uk)).

Well-liked by surgeons around the world, Andrew Kingsnorth has fostered international relationships and led by example in advancing hernia surgery in a quiet, selfless manner that reflects his personality—distinguishing features rarely seen amongst those at the top of their field. We count ourselves very lucky to have known Andrew as a friend and mentor. He has inspired us. We wish him all the very best in his retirement (although we know he continues

to undertake a mountain of work with Hernia International).

