



Dr Shamsundar Y

Spine surgery • Trauma • MIS

CLINICIAN PROFILE

SPINE SURGERY • TRAUMA • MINIMAL ACCESS

Dr Shamsundar Y

MBBS, MS (Orthopaedics), FNB (Spine Surgery)

Consultant Spine Surgeon

Families come for a disc that will not settle, a spine that has bent, or a fall that has broken the column. Dr Shamsundar Y is a fellowship-trained spine surgeon — MBBS, MS Orthopaedics, FNB Spine Surgery. He has performed more than 600 spinal trauma operations. The list at SMSIMSR is degenerative work, deformity correction with intra-operative neuromonitoring, minimally invasive techniques, and trauma. Pre- and post-operative care is part of the same plan.

Consultant Spine Surgeon

Sri Madhusudan Sai Institute of Medical Sciences and Research

Sathya Sai Grama, Muddenahalli — 30 minutes from Bangalore International Airport

Stabilise the column. Spare the nerve.

He is Consultant Spine Surgeon at SMSIMSR. The work is discectomy, laminectomy and decompression for worn discs and stenosis; deformity correction under neuromonitoring; minimally invasive spine surgery; and trauma. Orthopaedics and robotics sit on the same campus when the list needs them.

What he sees patients for

International patients most often come for a disc or stenosis that has not settled, a curve that is getting worse, or a spine injured in a fall. Robotic joint work and deformity colleagues sit on the same campus.

Degenerative spine	Discectomy, laminectomy and decompression for worn discs, stenosis and nerve compression
Deformity correction	Scoliosis and other deformity work with intra-operative neuromonitoring so the cord is watched while the curve is corrected
Minimally invasive spine	Smaller approaches where the pathology allows — less muscle strip, earlier walking
Spinal trauma	More than 600 spinal trauma operations. Stabilise the column. Protect the cord.
Limb and junction work	Deformity and limb-length work alongside the orthopaedic team. Junctional failure after fusion is part of the published list

Why families can feel steady in his care

► Volume in trauma

More than 600 spinal trauma surgical procedures. Degenerative lists and minimally invasive techniques sit beside that volume.

► A written trail of the work

Papers and podium work on thoracolumbar Pott's spine, navigation-guided foreign-body removal, post-operative spinal epidural haematoma, proximal junctional failure and AIS pedicle MRI predictability — ASSICON 2025.

► Care before and after the cut

Pre- and post-operative pathways are part of the same plan — not an afterthought once the screws are in.

Credentials

Present appointment	Consultant Spine Surgeon Sri Madhusudan Sai Institute of Medical Sciences and Research (SMSIMSR), Sathya Sai Grama, Muddenahalli
Qualifications	MBBS MS Orthopaedics FNB Spine Surgery



Practice	Degenerative spine surgery — discectomy, laminectomy, decompression Deformity correction with intra-operative neuromonitoring Minimally invasive spine surgery Spinal trauma — more than 600 procedures Deformity and limb-length work with the orthopaedic team
Selected work	Intracapsular neck fracture — functional outcome Uncemented THA in degenerative arthritis Thoracolumbar Pott's spine — outcome study Navigation-guided fish-bone removal Post-operative spinal epidural haematoma Proximal junctional failure — ASSICON 2025 AIS pedicle MRI predictability — ASSICON 2025
On this campus	Orthopaedics, robotic joints and deformity correction sit beside the spine list

A short note on coming to clinic

Bring recent MRI or CT of the spine, a list of medicines, and a plain account of pain, numbness, walking distance and what you can no longer do. The first visit is an assessment and a written plan — not an automatic date for theatre. This note is to help you choose a surgeon. It is not a substitute for a consultation.

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