plastetik

DR. MED. HANS-HERMANN WÖRL



PATIENT INFORMATION

Breast Surgery

Everything important about the treatment, preparation, the day of surgery and healing – to read at your leisure and as a basis for your consultation.

This patient information was translated with the help of AI. Translation errors are possible – the German version is authoritative.

Plastetik GmbH · Bürgerstraße 14 · 81925 München · info@dr-woerl.de

As of 06.11.2026

PART 1 · THE TREATMENT

BREAST

Breast surgery – a shape that suits you

Whether lift, reduction or augmentation: breast surgery requires a particular aesthetic sensibility and extensive experience. The goal is a result that suits your individual appearance.

PROCEDURES	PLANNING	COMBINATION	INFORMED CONSENT
lift, reduction, augmentation	individual, also computer-assisted	lift with change in volume possible	detailed before every operation

After pregnancy or due to an age-related loss of elasticity, the breasts lose their firmness. For other women, the breasts appear too full in relation to their build, and the weight of heavy breasts leads to postural damage and back pain. Or there is a wish for more volume. In all of these cases, a well-shaped breast can be achieved that suits you and your body silhouette.

You can rely on many years of experience – including from reconstructive breast surgery – and on my sense of proportion and naturalness.

Breast lift

With a breast lift (mastopexy), I restore the breast to a firmer, youthful shape and a higher position. As a rule, I use a breast lift with an internal bra: the body's own glandular tissue is shaped and supported so that the breast is carried from within. This technique aims for a long-lasting result.

A lift can be combined with a reduction or an augmentation if, in addition to the shape, the volume is also to be changed.

Breast reduction

Very large breasts are often a physical burden: shoulder and neck pain, grooves from bra straps, skin irritation in the inframammary fold and limitations during sports. To provide relief, I use modern surgical methods which, as a rule, ensure that the sensitivity of the nipple and the ability to breastfeed are preserved.

In the case of pronounced complaints, breast reduction may be medically justified. Whether coverage by health insurance is an option is something we clarify on a case-by-case basis.

Breast augmentation

Modern implants, computer-assisted planning options and gentle surgical techniques characterize breast augmentation today. I use only implants from renowned manufacturers with the highest safety standards. Together we choose the size, shape and position of the implant so that the result suits your proportions – not a trend.

Breast lift in detail

In a lift, the skin envelope is reduced and the nipple is raised to the correct position – the volume is largely preserved. How long the scars will be depends on how much the breast has sagged:

- **around the areola** for minor sagging
- **around the areola and vertically downward** (“lollipop”) for moderate sagging
- **additionally in the inframammary fold** (“inverted T”) for severely sagging breasts

A special suturing technique supports the glandular tissue from the inside (“internal bra”). With a stable weight, a lift lasts many years; later, a further lift can be performed through the old scars.

Breast reduction in detail

With very large breasts, glandular, fat and skin tissue is removed and the breast is reshaped. A technique with an incision around the areola and vertically downward is often sufficient; for very large, soft breasts, an additional incision in the inframammary fold is necessary. Because the tissue settles somewhat in the first few weeks, the breast is deliberately shaped slightly higher during the operation than the final result.

Implant or your own fat?

In addition to implants, augmentation with your own fat is also possible: fat is suctioned from the abdomen, hips or thighs, processed and introduced into the breast. The method has limits: the achievable enlargement is moderate, part of the fat is broken down, and it requires sufficient fat reserves. In addition, transplanted fat can make the assessment of later mammograms more difficult. We discuss openly which approach suits you.

Implants: shape, position, access

- **Shape:** round implants emphasize the upper pole of the breast; anatomically shaped ones often look more natural but can rotate.
- **Position:** above or (partially) below the pectoral muscle – depending on the existing tissue.
- **Access:** usually in the inframammary fold, alternatively at the edge of the areola or in the armpit.
- **Trial before deciding:** During the consultation, different sizes can be compared using trial implants in a bra.

When an implant should be exchanged and what capsular contracture is, you can read under Implant exchange and capsular contracture. For men: Male breast (gynecomastia).

What you can expect

- Many years of experience and a high level of specialist medical expertise
- A detailed consultation to find the right individual solution together
- Modern, tissue-sparing surgical techniques, performed with the utmost precision
- A harmonious, natural-looking result that fits in with your body shape

The process

01 **Consultation and examination**
We talk about your wishes, I examine your breasts and skin and explain the possible procedures.

02 **Planning**
We decide on the technique, incision lines and – in the case of augmentation – the implant.

03 **Preliminary examinations**
Depending on your age and medical history, these include breast imaging and laboratory tests.

04 **Operation**
The procedure is performed under general anesthesia.

05 **Aftercare**
A special support bra, regular check-ups and a gradual return to everyday life and sports.

After the operation

A feeling of tightness and swelling are normal in the first few days. For several weeks, you wear a support bra day and night. You should avoid heavy physical work and sports for several weeks. Scars are red at first and fade over the course of months.

Risks

Possible risks include secondary bleeding, infections, wound healing problems, conspicuous scars, asymmetries and changes in nipple sensitivity. With implants, there are additional implant-specific risks, such as capsular contracture. I inform you in detail about all risks before the procedure.

Frequently asked questions

Can I still breastfeed after a breast reduction?
The methods I use aim to preserve the ability to breastfeed. However, there is no guarantee – we discuss this openly, especially if you are still planning to have children.

How long do breast implants last?
Modern implants are durable, but they are not a component that lasts forever. Regular check-ups are part of it. When an exchange makes sense depends on the findings.

When can I exercise again?
Light exercise is possible again soon; intensive sports usually after six weeks. We determine the exact timing at your follow-up appointment.

Can a lift be combined with an augmentation?
Yes. A surgical reduction or augmentation of the breast can be combined with a breast lift.

From what age is breast augmentation possible?

Purely aesthetic breast operations are only performed from the age of 18. No surgery is performed during pregnancy or breastfeeding.

How long does it take for the breast to reach its final shape?

After about three months, the tissue has largely adapted; the final shape becomes apparent after up to one year.

Will I need drains after the operation?

Often not. If so, they are usually removed after about one day.

PART 2 · THE PROCESS STEP BY STEP

BREAST · PROCESS

Breast surgery – the process step by step

Whether lift, reduction or augmentation: this is how breast surgery is typically prepared, performed and followed up.

ANESTHESIA	SUPPORT BRA	SPORTS	FINAL RESULT
general anesthesia	several weeks	usually after about 6 weeks	after a few months

Breast surgery requires careful planning – it determines whether the result suits your body shape. The following steps show the **typical** process; details depend on whether the breast is lifted, reduced or augmented.

The process at a glance

01

A FEW WEEKS BEFOREHAND

Preparation

Consultation, examination, breast imaging depending on age, planning of technique and incision lines.

02

DAY OF SURGERY

Operation

Procedure under general anesthesia; followed by a support bra and care.

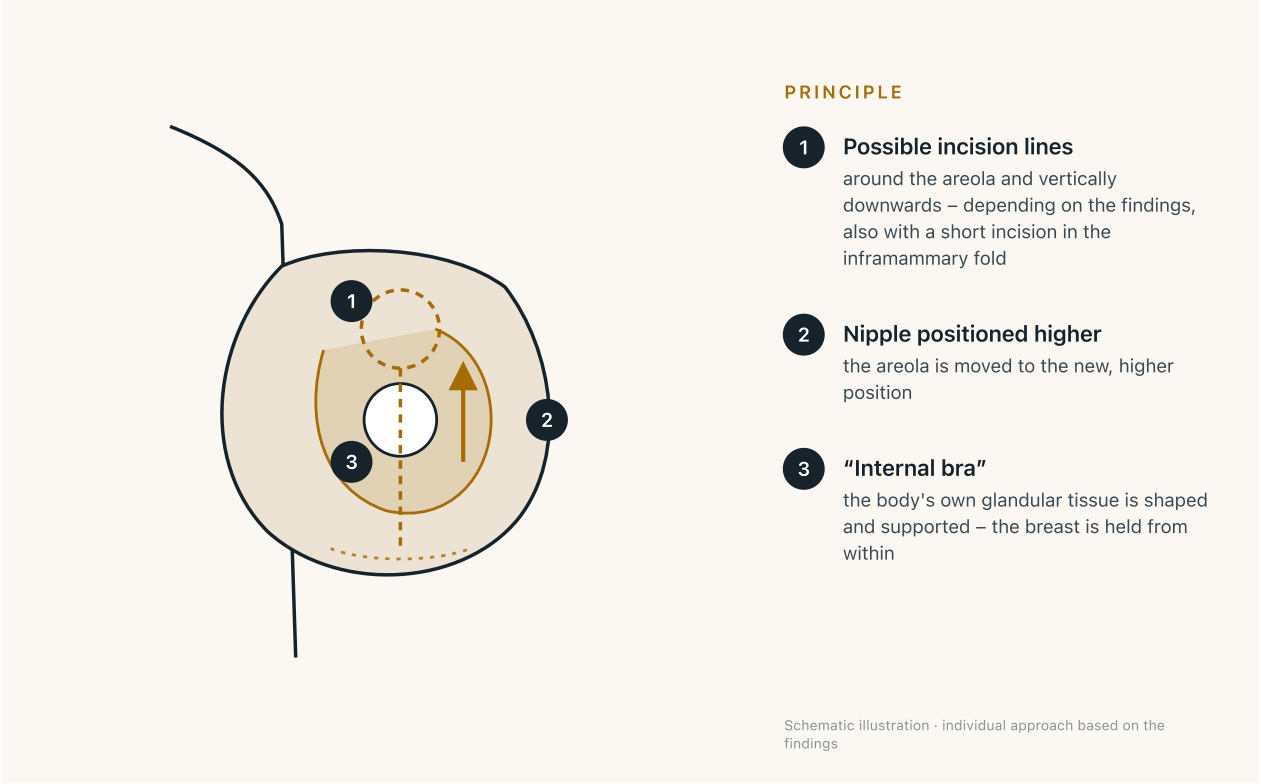
03

WEEKS TO MONTHS

Aftercare

Support bra, check-ups, gradual return to everyday life and sports.

What happens during a breast lift



Schematic illustration using the example of a breast lift. Incision lines depend on the findings.

Phase 1: Preparation

01 **Consultation**
We talk about your wishes and expectations; I examine your breasts, skin and tissue.

02 **Planning**
The technique, incision lines and – in the case of augmentation – implant size and shape are determined; computer-assisted planning can help.

03 **Preliminary examinations**
Depending on your age and medical history, these include breast imaging and laboratory tests.

04 **Medication and smoking**
Only pause anticoagulants after consultation; stop smoking in good time if possible.

05 **Informed consent**
detailed, with time to think it over – including about the ability to breastfeed and sensitivity.

06 **Organization**
Obtain a support bra as specified, plan help for the first few days.

Phase 2: The day of surgery

01 **Marking**
The incision lines are marked while you are standing – this allows the natural position of the breast to be taken into account.

02 **Anesthesia**
The procedure is performed under general anesthesia.

03 **Procedure**
Depending on the goal, the glandular tissue is shaped (in a lift, preferably with an “internal bra”), tissue is removed or an implant is inserted.

04 **Completion**
Fine sutures, dressing and support bra.

05 **Recovery**
Care after anesthesia; whether as an outpatient or with an overnight stay is something we discuss beforehand.

Phase 3: Aftercare and healing

Day 1–3

Feeling of tightness and swelling; support bra day and night, do not raise arms above your head

Week 1–2

Wound check and removal or trimming of sutures; light activities possible

Week 3–6

Continue wearing the support bra; no heavy lifting

from week 6

Sports usually possible again – after consultation

Month 3–12

Tissue settles, scars become lighter and softer

Contact us immediately if you notice increasing swelling on one side, severe pain, fever, redness or wound discharge.

Your checklist

- Obtain a support bra as specified in advance
- Clothing with buttons or a zipper at the front
- Help with the household for the first few days
- Plan to avoid heavy activities and sports for several weeks

Your next step

Nothing can replace a personal consultation. There I answer your questions and together we clarify what makes sense for you.

Book online: www.plastetik.de/en/appointment/
Phone: +49 89 987855 · **Email:** info@dr-woerl.de
More information: www.plastetik.de/en/breast-surgery/

Dr. med. Hans-Hermann Wörl · Specialist in Plastic and Aesthetic Surgery · Plastetik GmbH

Important note: This information is for general education and does not replace a personal medical consultation and informed-consent discussion. Procedures, time frames and healing courses are typical values and may vary individually. A specific result cannot be promised.

This patient information was translated with the help of AI. Translation errors are possible – the German version is authoritative.

Image credits:

- Planung Brustoperation: © Adobe Stock / detailblick-foto, Adobe-Stock-Lizenz – https://stock.adobe.com/de/contributor/200858622/detailblick-foto; verkleinert, WebP
- Porträt Dr. Wörl in Praxiskleidung: © Lukas Schramm Fotografie (Nutzungsrechte: Dr. med. Hans-Hermann Wörl), alle Rechte vorbehalten; verkleinert, WebP
- Beratungsgespräch zur Brustchirurgie mit Implantatmustern: © Lukas Schramm Fotografie (Nutzungsrechte: Dr. med. Hans-Hermann Wörl), alle Rechte vorbehalten; verkleinert, WebP
- Diagrams: own illustrations (KnoCo UG for Plastetik GmbH)