Arm Liposuction Melbourne - Upper Arm Fat Removal - Me Clinic

Canonical: https://www.meclinic.com.au/body/liposuction/arm/

Details:

Arm liposuction removes localised fat from the upper arm, typically focusing on the posterior (back) of the upper arm. Our plastic surgeons offer several approaches, from traditional liposuction techniques through to laser-assisted methods.

Fat can accumulate in the upper arm with weight gain, ageing or genetic factors, and this area often does not respond to exercise and diet in the way other areas do. Arm liposuction can be performed on both men and women, and is used to address disproportion or asymmetry in the upper arm.

The pinch test: is this fat, or is it skin?

Almost every disappointing arm result comes from answering this question wrongly, and it is a question you can partly answer yourself before you walk into a consultation. Liposuction removes fat. It does nothing about loose skin. So which problem you have decides which operation you need.

Stand in front of a mirror and do this:

Raise your arm out to the side , elbow straight, to about shoulder height. Keep the muscle relaxed.

Pinch the back of the upper arm between thumb and fingers, midway between elbow and armpit.

Feel what is between your fingers. A thick, soft, rounded roll that springs back when you let go is mostly fat . A thin, flat fold of skin that you can lift away from the underlying tissue like fabric is mostly skin laxity .

Let go and watch. Skin that snaps back flat is behaving well. Skin that stays creased for a moment has lost elastic recoil, and removing fat from underneath it will make that more obvious, not less.

Now lower your arm and look again. If the contour you dislike is only there when the arm is raised or waving, that is skin. If it is there with the arm hanging at your side, there is volume in it.

Most people find they have some of both. The useful conclusion is not a diagnosis — your surgeon will make that — but a realistic frame: liposuction makes the arm smaller; it does not make loose skin tighter. If the pinch test tells you your problem is mostly the second thing, come to the consultation expecting to discuss an arm lift.

What the procedure involves

A cannula is inserted through small incisions and attached to a suction device to extract fat from the upper arm. The incisions are placed in less visible areas such as the natural creases of the skin.

It is a same-day procedure and can be performed under local or general anaesthesia, depending on the volume of fat being removed. See local or general anaesthesia .

What it addresses

Excess fat in the upper arm.

Asymmetry between the arms.

Disproportion between the upper arms and the rest of the body.

Removing fat can make the arms appear more contoured. Some liposuction methods, including laser-assisted techniques, may stimulate some collagen production, which can contribute to skin tightening. Outcomes vary depending on individual anatomy and skin quality, and individual results may vary.

An important limitation: fat versus skin

Liposuction removes fat. It does not remove excess skin.

Where there is significant loose skin on the upper arm — which is common after substantial weight loss — liposuction alone will not achieve the result. In those cases it is combined with, or replaced by, an arm lift (brachioplasty), which removes the excess skin. A brachioplasty leaves a longer scar than liposuction.

Which applies to you depends on how much of the concern is fat and how much is skin. Your surgeon will assess this at consultation, and being clear about it upfront avoids disappointment.

The trade, stated plainly

	Liposuction	Arm lift (brachioplasty)
Removes	Fat	Skin, usually with some fat
Best when	Good skin quality, volume is the problem	Loose skin, often after weight loss
Scar	A few small incisions in creases	A long scar, usually inner arm from armpit towards elbow
Recovery	Shorter	Longer
The honest trade	Less scar, less skin change	More scar, more contour change

The decision is genuinely a trade, and it is yours to make once you understand it: an arm lift buys shape with a visible scar. Some people would rather keep the skin than have the scar, and that is a legitimate answer.

Why the arm is a demanding area

Worth knowing, because it explains the aftercare and the cautions.

The fat layer is thin compared with a thigh or an abdomen. There is less margin between “enough” and “too much”, which is why contour irregularity is a more prominent risk here than in bulkier areas.

It is a limb that hangs. Gravity keeps fluid in a treated arm, so swelling lasts longer and settles more slowly than people expect — elevation genuinely helps, and is not just advice to ignore.

The boundaries matter. Treating to natural transitions — the armpit crease at one end, the elbow at the other — avoids a step or shelf where treated meets untreated. If only the middle of the arm is reduced, the edges announce it.

Both arms are visible at once. Unlike an abdomen, this area is compared with itself all day, so symmetry is judged more harshly here than almost anywhere else.

Nerves run close. Patches of altered sensation on the arm and forearm are relatively common early on, and usually settle over weeks to months.

Scarring

Liposuction incisions are small and placed in less visible areas such as natural skin creases, so scarring is typically minimal compared with a brachioplasty or arm lift. Scars generally fade and become less noticeable over time.

Wherever an incision is made there will be a scar, and how a scar heals varies between individuals depending on skin type and how the body heals. Scars are permanent — they fade, they do not disappear.

Suitability

A good candidate is in good general health with realistic expectations, has localised fat rather than predominantly loose skin, and is at a stable weight. Liposuction is a contouring procedure, not a weight loss method, and is generally appropriate for people within about 30 percent of their ideal body weight.

Smokers have an increased risk of complications from any surgery.

Who this is not for, or not yet

Anyone still losing weight. Wait until weight has been stable for several months — further loss changes both the fat and the skin.

Anyone whose arm changed shape recently without explanation , or who has swelling of the whole arm — that needs a medical assessment first.

Anyone who has had lymph nodes removed from the armpit or radiotherapy to that area — this materially changes the assessment and needs specific discussion.

Anyone whose main issue is loose skin , on the pinch test above.

Anyone expecting a defined, toned arm. Liposuction reduces volume; muscle definition comes from training.

Anyone who cannot arrange two to three weeks away from heavy arm use , which includes lifting children and most manual work.

The patient journey

GP referral — required before a cosmetic surgery consultation.

First consultation with the operating surgeon , including assessment, photographs and screening.

A written, itemised quote — surgeon, anaesthetist, theatre, garments, follow-ups, revision policy.

Second consultation , then a cooling-off period of at least a week before surgery is booked or a deposit paid.

Surgery , same day, home with someone to stay with you.

Compression sleeves from the outset.

Review at seven to ten days , then six to eight weeks, three months, six months and twelve months.

Costs

Arm liposuction surgeon’s fees fall within the general per-area range of $4,000 to $8,000 for one area. Me Clinic’s published pricing also quotes arm liposuction at $6,000 to $8,000 per hour of theatre time — a different basis of measurement. Your quote will make clear which applies.

Hospital, theatre and anaesthetist fees are additional. Anaesthetist fees range from $800 to $1,200 per hour where a general anaesthetic is used. As at September 2024 and including GST, a consultation with a Specialist Plastic Surgeon is $350.

See liposuction costs for the full breakdown.

What a real quote names: the surgeon's fee, the anaesthetist, the theatre or hospital, compression garments, every follow-up visit, and the revision policy — what is included, what is not, and for how long. A single figure is a number, not a quote. We are not a no-gap provider, and purely cosmetic arm liposuction does not attract a Medicare rebate.

Recovery

Arm liposuction is a same-day procedure with a relatively short recovery compared with an arm lift.

You need someone to drive you home and stay with you for at least 24 hours where a general anaesthetic is used.

Compression garments are worn to reduce swelling and assist recovery. How long depends on the amount of fat removed.

Expect swelling and bruising, settling over the following weeks.

Avoid exercise for the first two weeks; gentle walking is encouraged.

Most people return to work after two to three weeks and to their usual exercise routine by around six weeks.

Domestic flights are usually fine at around two weeks; wait six to eight weeks for international flights and before swimming.

Most patients are seen at seven to ten days, then at six to eight weeks, three months, six months and twelve months.

Practical things nobody mentions

Dressing yourself is the awkward part. Anything that goes over your head is difficult for the first week. Buy or borrow front-opening tops before surgery.

Elevate on pillows when sitting and sleeping. A hanging arm swells; a supported one does not, and this makes a real difference to comfort in the first fortnight.

The sleeve has a seam. Compression sleeves can leave marks and can roll at the top. Check the fit before you leave, and ask what to do if it rolls.

Driving is limited by your arms, not by pain relief. You need to be able to turn the wheel sharply and react without hesitation.

Do not judge the result at two weeks. Swelling in a limb takes time. Three months is the first fair look; twelve months is the settled one.

Numb skin cannot warn you that something is too hot — be careful with hot water, heat packs and car doors in summer until sensation returns.

Expected, versus call us

Expected: swelling, bruising, firmness and lumpiness under the skin, patches of numbness, tightness, and fluid leaking from incisions in the first day or two.

Call us: increasing rather than decreasing pain; spreading redness or heat; a fever; pus or a bad smell; an incision opening; a swelling that is enlarging on one side; a garment you cannot make fit.

Seek urgent attention: sudden breathlessness or chest pain; a swollen, hot, painful calf; confusion or collapse; an arm that becomes cold, pale or intensely painful.

Risks and complications

All surgical procedures carry risks and potential complications, including infection, bruising, swelling, pain, scarring, bleeding and haematoma, seroma, contour irregularity, changes in sensation from nerve damage, anaesthesia complications and blood clots.

Specific to the arm: contour irregularity and rippling are more visible here than in bulkier areas; asymmetry between arms is more noticeable because both are seen together; loose skin can look more obvious once volume is removed; and altered sensation over the arm or forearm is common early and usually settles.

Risks are discussed with you in detail during the consultation process, and you are given written information to take home. Please read our information on the risks and complications of cosmetic surgery before proceeding.

Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

What you should leave the consultation with

Whether your concern is fat, skin, or both — and which operation follows from that

Which surgeon will operate, and their registration number

Where the surgery happens and what anaesthetic is planned

An itemised written quote and the revision policy

Your photographs taken, and the limits of what is achievable explained

Written aftercare, garment instructions and the signs to call about

An after-hours contact number

Referral and cooling-off period

Since 1 July 2023, all patients are required to have a GP referral before seeing a plastic surgeon or doctor about cosmetic surgery. At least two consultations are required, one of them in person with the operating surgeon, and for any cosmetic surgery there is a compulsory one-week cooling-off period after your second consultation before surgery can be booked or a deposit paid.

See cosmetic surgery rule changes .

Related: liposuction , arm lift , VASER liposuction , before and after .

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

Common questions about arm liposuction

What does arm liposuction remove?

Localised fat from the upper arm, usually the back of the upper arm. It does not remove skin.

How do I know whether my problem is fat or skin?

Raise the arm to shoulder height with the muscle relaxed and pinch the back of the upper arm. A thick soft roll that springs back is fat; a thin fold you can lift like fabric, which stays creased when released, is skin laxity.

What if it is mostly skin?

Liposuction will not fix it, and may make it more obvious. That is when an arm lift — brachioplasty — is discussed instead, which removes skin but leaves a long scar.

Can I have both?

They are often combined. Most people have some of each problem, and the balance decides the plan.

Why is the arm considered a demanding area?

The fat layer is thin, so there is less margin for error; it is a hanging limb, so swelling lasts longer; the boundaries at armpit and elbow must be respected; and both arms are seen together, so asymmetry shows.

Will my arms be toned?

No. Liposuction reduces volume. Muscle definition comes from training.

What anaesthetic is used?

Local or general, depending on the volume being removed. It is a same-day procedure either way.

Who should not have this?

Anyone still losing weight; anyone with unexplained swelling of the whole arm; anyone who has had armpit lymph nodes removed or radiotherapy there, without specific discussion; anyone whose problem is mostly loose skin; and anyone who cannot take two to three weeks away from heavy arm use.

What does it cost?

Surgeon’s fees fall in the general per-area range of $4,000 to $8,000; Me Clinic’s published pricing also quotes $6,000 to $8,000 per hour of theatre time, and your quote will say which applies. Theatre and anaesthetist fees are additional, with anaesthetists at $800 to $1,200 per hour under general anaesthetic.

What should a quote include?

Surgeon, anaesthetist, theatre, garments, every follow-up and the revision policy. A single figure is a number, not a quote.

Is there a Medicare rebate?

Not for purely cosmetic arm liposuction. We are not a no-gap provider.

How long is recovery?

Most people return to work at two to three weeks and to usual exercise at about six weeks. Avoid exercise for the first fortnight; gentle walking is encouraged.

When can I fly or swim?

Domestic flights usually at around two weeks; six to eight weeks for international flights and before swimming.

How long do I wear the compression sleeve?

It depends on how much fat was removed — your surgeon will tell you. Check the fit before you leave and ask what to do if it rolls at the top.

What can I do to be more comfortable?

Elevate the arm when sitting and sleeping, wear front-opening tops for the first week, and be careful with heat while skin is numb.

When can I judge the result?

Three months is the first fair look; twelve months is the settled one. Limb swelling takes time.

What is normal afterwards?

Swelling, bruising, firmness and lumpiness, numb patches, tightness, and some fluid leaking from incisions in the first day or two.

When should I call?

Increasing pain, spreading redness or heat, fever, pus, an incision opening, or one side swelling more than the other. Sudden breathlessness, chest pain or a swollen hot painful calf needs urgent attention.

Will I have scars?

Yes — small ones in skin creases. They fade but do not disappear.

What are the rules before booking?

A GP referral, at least two consultations with one of them being in person with the operating surgeon, and a compulsory one-week cooling-off period after the second consultation.