Thigh Liposuction Melbourne - Inner and Outer Thigh - Me Clinic

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

Details:

Thigh liposuction removes localised fat from the inner and outer thighs. Me Clinic's plastic surgeons perform the procedure to address fat deposits that have not responded to diet and exercise, and to reduce disproportion between the thighs and the rest of the body.

Areas treated

Inner thighs — the medial thigh, where fat is common and often resistant to exercise.

Outer thighs — the lateral thigh and the area sometimes called saddlebags.

Upper thighs — including the area beneath the buttock crease.

Inner and outer thighs are typically treated together and are quoted as a combined area. Outcomes vary depending on individual anatomy, skin quality and the volume of fat removed. Individual results may vary.

Three things on a thigh that liposuction cannot change

More than any other area, the thigh is where people ask for something that fat removal cannot deliver. Working out in advance which of these applies to you is the difference between a good decision and a disappointing one.

1. The gap between your thighs is mostly skeletal

Whether your inner thighs touch when you stand with your feet together is determined largely by the width of your pelvis and the angle at which your thigh bones run down to your knees . A wider pelvis and a more angled femur produce a gap; a narrower pelvis and a straighter femur do not, at any body weight.

Fat sits on top of that architecture. Removing it can slim the thigh, and in some people it changes where the thighs meet — but no amount of liposuction changes the bones , and a surgeon who promises a gap is promising something they cannot control. If a gap is your only goal, that is a conversation to have plainly, and the honest answer for many people is that it is not achievable.

2. Cellulite is not fat

The dimpled texture is not caused by the fat itself but by fibrous bands that run from the deeper tissue up to the underside of the skin, tethering it down while fat pushes up between them. That is why it appears in slim people, why it is far more common in women — the bands run in a different pattern — and why losing weight often does not remove it.

The consequence for this operation is blunt: liposuction does not treat cellulite, and removing volume from underneath tethered skin can occasionally make the dimpling more obvious , not less. Anyone offering liposuction as a cellulite treatment is selling you the wrong thing.

3. The hollow at the side of the hip

The slight indentation below the hip bone — often called a hip dip — is where the skin sits closer to the bone between the pelvis and the top of the thigh bone. It is skeletal architecture, not a missing pad of fat . Reducing the fat on the outer thigh just below it can make that hollow more defined, which is the opposite of what some people expect.

This is worth raising specifically at consultation, because it changes how much is taken from the lateral thigh and where the blending stops.

A three-minute check in front of a mirror

Stand relaxed, feet hip-width, in good even light, and work through these:

Pinch the inner thigh. A generous soft handful is fat. A thin fold you can lift away like fabric, which stays creased for a moment when you let go, is loose skin.

Look at the surface in side light. Dimpling that is visible standing relaxed is cellulite — note where it is.

Squeeze the thigh gently between both hands. If dimpling appears or worsens when you compress the tissue, tethering is present.

Tense the thigh muscle. Contour that smooths out when the muscle contracts is soft tissue; contour that does not change is structural.

Turn side-on. Where does the outer thigh actually project, and is there a hollow above it?

Look again at the end of the day. Thighs swell; if your concern is much worse by evening, some of it is fluid, not fat.

Take the answers with you. “Soft handful on the inner thigh, dimpling on the back, hollow above the outer thigh” is a far more useful starting point than “I hate my thighs”.

Fat versus skin

Liposuction removes fat. It does not remove excess skin.

The inner thigh in particular is an area where skin quality matters, because the skin there is thinner and less elastic than elsewhere on the body . Removing a significant volume of fat from an area with poor skin elasticity can leave the skin loose rather than smooth.

Where loose skin is the primary concern — common after major weight loss — a thigh lift is the relevant procedure. A thigh lift removes skin and leaves a longer scar than liposuction. Your surgeon will assess your skin quality at consultation and advise which applies. This assessment matters more on the thighs than on most other areas.

What the procedure involves

A cannula is inserted through small incisions and attached to a suction device to extract fat. Incisions are placed discreetly, often in the groin crease or behind the knee.

It is usually performed as a same-day procedure and can be done under local or general anaesthetic depending on the volume being removed. Larger volumes and treatment of both inner and outer thighs generally require a general anaesthetic. See local or general anaesthesia .

Suitability

Assessment at consultation establishes whether you are a suitable candidate. A good candidate is in good general health with realistic expectations, has localised fat with reasonable skin elasticity, and is at a stable weight.

Liposuction is a contouring procedure rather than 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.

Who this suits less well

Anyone whose main concern is cellulite , or a thigh gap

Anyone with thin, lax inner-thigh skin — the area least forgiving of volume removal

Anyone still losing weight , or planning a pregnancy

Anyone with both legs persistently swollen , or swelling involving the feet and toes — that needs medical assessment first, and may be lymphatic rather than fatty

Anyone with a history of deep vein thrombosis , without specific discussion

Anyone who cannot manage two to three weeks of restricted activity , which on the thighs means most exercise and long periods of sitting

One condition worth naming because it is frequently missed: lipoedema — a disproportionate, often tender, symmetrical build-up of fat in the legs that characteristically spares the feet, does not respond to dieting, and bruises easily. It is not the same as ordinary fat distribution or obesity, it is managed differently, and it changes what surgery can be expected to achieve. If that description fits you, say so at consultation.

Costs

The surgeon’s fee for inner and outer thighs is around $10,000 as a combined area. Where only one aspect is treated, the single-area range of $4,000 to $8,000 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. A real quote names the surgeon’s fee, the anaesthetist, the theatre or hospital, compression garments, every follow-up visit and the revision policy. We are not a no-gap provider, and cosmetic thigh liposuction does not attract a Medicare rebate.

Recovery

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.

Expect swelling and bruising, settling over the following weeks. The thighs can swell more noticeably than some other areas because of gravity.

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

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. The final contour becomes clearer over several months as swelling resolves.

Practical points specific to thighs

Swelling settles downward. Expect the knees and sometimes the ankles to puff up in the first fortnight. That is gravity, not a complication — but a calf that becomes swollen, hot and painful is different and needs urgent attention.

Bruising travels. Inner-thigh treatment often bruises down towards the knee.

The garment band rolls. A thigh-length garment that rolls up at the leg creates a tourniquet effect and a visible band in the swelling. Check the fit before you leave and ask what to do if it rolls.

Sitting all day makes it worse. Get up regularly; lie flat with legs raised in the evening.

Walking is treatment, not defiance of it. The calf pump moves fluid and reduces clot risk.

Chafing while numb. Numb skin does not warn you it is rubbing — check the inner thighs daily in the first weeks, especially in warm weather.

Do not judge at two weeks. Three months is the first fair look; twelve months is the settled one.

Expected, versus call us

Expected: swelling, bruising tracking downward, firm lumpy areas, numb patches, tightness, and some fluid leaking from incisions in the first day or two.

Call us: pain increasing rather than decreasing after day three; spreading redness or heat; fever; pus or odour; an incision opening; one thigh swelling much more than the other; a garment you cannot make fit.

Seek urgent attention: sudden breathlessness or chest pain; a calf that becomes swollen, hot and painful; a leg 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. Liposuction can be traumatic for internal organs, and visceral perforation, while uncommon, is a recognised risk.

Contour irregularity is a particular consideration on the thighs , where the skin is thinner and irregularities can be more visible than on the abdomen or back. Loose skin becoming more apparent once volume is removed, asymmetry between legs, prolonged swelling, and more visible dimpling are also recognised outcomes here.

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, cellulite or skeletal shape — and what each means for the plan

An honest answer about a thigh gap, if that is what you are after

Whether the outer-thigh hollow will become more visible

Which surgeon will operate, where, and under what anaesthetic

An itemised written quote and the revision policy

Your garment prescribed and fitted, with instructions if it rolls

Written aftercare 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, and at least two consultations are required, one of them in person with the operating surgeon. 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.

Related: liposuction , before and after , costs , VASER liposuction .

Common questions about thigh liposuction

Which areas can be treated?

Inner thighs, outer thighs including saddlebags, and upper thighs including beneath the buttock crease. Inner and outer are typically treated together and quoted as a combined area.

Will it give me a thigh gap?

Probably not, and nobody can promise one. Whether the inner thighs touch is determined largely by pelvic width and the angle of the thigh bones, and liposuction does not change bone.

Does it treat cellulite?

No. Cellulite is caused by fibrous bands tethering the skin, not by the fat itself — and removing volume from under tethered skin can occasionally make dimpling more obvious.

What is the hollow at the side of my hip?

Skeletal architecture, where the skin sits closer to bone between the pelvis and the top of the thigh bone. Reducing outer-thigh fat below it can make it more defined.

How do I tell fat from loose skin?

Pinch the inner thigh. A generous soft handful is fat; a thin fold that lifts away like fabric and stays creased is loose skin.

Why does the inner thigh need special care?

The skin there is thinner and less elastic than elsewhere, so removing significant volume can leave it loose rather than smooth.

What if loose skin is my main problem?

A thigh lift is the relevant procedure. It removes skin and leaves a longer scar than liposuction.

Where are the incisions?

Placed discreetly, often in the groin crease or behind the knee.

Local or general anaesthetic?

Either, depending on volume. Larger volumes and treating both inner and outer thighs generally require a general anaesthetic.

What is lipoedema?

A disproportionate, often tender, symmetrical build-up of fat in the legs that characteristically spares the feet, does not respond to dieting and bruises easily. It is managed differently and changes what surgery can achieve — say so at consultation if that describes you.

Who is this not suitable for?

Anyone chasing a thigh gap or treating cellulite; anyone with thin lax inner-thigh skin; anyone still losing weight or planning pregnancy; anyone with persistent swelling of both legs or the feet; and anyone with a clot history without specific discussion.

What does it cost?

Around $10,000 as a combined inner and outer thigh area, or $4,000 to $8,000 where only one aspect is treated, plus theatre and anaesthetist fees at $800 to $1,200 per hour under general anaesthetic.

Is there a Medicare rebate?

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

How long is recovery?

No exercise for two weeks, back to work at two to three weeks, usual exercise by about six weeks.

When can I fly or swim?

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

Why are my knees and ankles swollen?

Swelling settles downward under gravity in the first fortnight. A calf that becomes swollen, hot and painful is different and needs urgent attention.

My garment keeps rolling — does it matter?

Yes. A rolled band creates a tourniquet effect and a visible band in the swelling. Check the fit before you leave and ask what to do about it.

What helps most in the first fortnight?

Walking regularly, avoiding long periods of sitting, lying flat with legs raised in the evening, and checking the inner thighs daily for chafing while the skin is numb.

When do I judge the result?

Three months for a first fair look, twelve months for the settled contour.

What are the specific risks on thighs?

Contour irregularity is more visible because the skin is thinner; loose skin can become more apparent, asymmetry between legs can show, swelling is prolonged, and dimpling can become more noticeable.

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 one-week cooling-off period after the second.