Volume Enhancing Treatments Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/face/dermal-filler-treatments/

Details:

Facial volume treatments — commonly called dermal fillers — are used to restore fullness lost over time, to enhance features such as the lips or jawline, or to improve facial balance. They are non-surgical and the effect is temporary.

This page explains what these treatments do, which areas are treated, how long results last, and the risks — including one serious complication everyone considering fillers should know about.

Start here: which of the four is your problem?

Faces age in four separate ways, and each one is addressed by a different treatment. Filler addresses one of them. Working out which applies to you — usually more than one does — is the difference between a treatment that works and one that makes things heavier.

What is changing	What it looks like	What addresses it
Skin quality	Texture, pigment, fine crepey lines, dullness, visible vessels	Skin treatments — laser , peels, needling, cosmeceuticals
Movement lines	Lines that appear when you frown, squint or raise your brows	Anti-wrinkle injections
Volume loss	Flat cheeks, hollow temples and under-eyes, thinning lips, a jaw that has lost its edge	Filler — this page
Descent	Jowls, loose skin at the neck, tissue that has fallen rather than shrunk	Facelift , thread lift , neck lift

A one-minute test that separates the third row from the fourth: lie flat on your back and look at your face in a mirror held above you. Gravity is removed, so descended tissue returns to roughly where it started while lost volume stays exactly as it is. Hollows still there lying down are volume loss. Folds and jowls that largely vanish are descent.

What causes facial volume loss

Reduced collagen and elastin production

Loss of facial fat and soft tissue support

Bone resorption in structural areas — the cheeks, jawline and temples change shape with age

Sun damage

Weight loss and hormonal changes

The result is a flatter mid-face, deeper folds, thinner lips and shadows that can make the face look tired.

The part most people have never heard: the bone changes too

It is widely understood that faces lose fat and that skin loses collagen. Much less widely understood is that the skeleton underneath changes shape , and it is often the largest single contributor to what people see in the mirror.

Specific, measurable things happen. The eye socket enlarges, particularly at its lower outer edge, which is why the under-eye area hollows and the outer corner of the eye seems to sit lower. The cheekbone rotates slightly backward and loses projection. The angle of the jaw becomes less defined. The chin recedes. The area around the nose loses bone, which is why the nose appears to lengthen and droop when it has not changed at all.

Two consequences follow, and both explain a great deal about how filler is actually used:

Some volume is placed on bone, not in the fold. A deep injection onto the cheekbone restores a support that has genuinely retreated. The fold nearby softens as a consequence.

The skin is not just looser — it is draped over a smaller frame. Which is why a face can look deflated and slack at the same time, and why lifting alone does not always look right without restoring something underneath.

Why chasing the line is the classic mistake

Almost everyone points at the fold running from the nose to the corner of the mouth and asks for that to be filled. Done literally, it is one of the most reliable ways to end up looking heavy.

The fold is where the cheek ends. When the cheek above it deflates and slides slightly forward and down, it piles up against the fixed tissue below, and the crease deepens. The crease is the symptom; the deflated cheek is the cause.

Pack product directly into the crease and you have added weight to the heaviest part of an already overloaded area. It looks better lying flat on the treatment couch and worse upright a fortnight later. Restore support higher up and the fold softens because the tissue above it is being held rather than sliding.

This is the practical meaning of a phrase you will hear at consultation: treat the cause, not the shadow . It is also why a good assessment looks at areas you were not complaining about.

What the treatment involves

Most dermal fillers used today are gels based on hyaluronic acid , a substance that occurs naturally in skin and binds water. The gel is injected into or under the skin to add volume and support. Because hyaluronic acid fillers can be dissolved with an enzyme if needed, they offer a degree of reversibility that permanent fillers do not — one reason permanent and semi-permanent fillers are used far less often, and are harder to correct when a problem occurs.

See dissolving dermal fillers for more on that.

Fillers are not interchangeable. Products differ in how firm the gel is, how much it is cross-linked, and how much water it attracts — which is why a product suited to building structure on a cheekbone is the wrong choice for a lip, and why “filler” is a category rather than a single thing.

Areas commonly treated

Cheeks — to restore mid-face fullness

Lips — for shape, definition and fullness

Jawline and chin — to define facial angles and contour

Temples — where hollowing has developed

Nasolabial folds — to soften the shadow between nose and mouth

Under-eye region — a technically demanding area with a higher rate of visible complications such as lumpiness, prolonged swelling and a blue-grey discolouration known as the Tyndall effect

Nose — see non-surgical nose augmentation , which carries particular vascular risk

How the areas differ

Area	Typically lasts	Relative vascular risk	Notes
Cheeks	Longer — often over a year	Lower	Placed deep, often on bone; the area that does most of the structural work
Jawline and chin	Longer	Lower	Firmer products; changes facial proportion, not just contour
Temples	Longer	Moderate	Often overlooked; hollowing here reads as illness rather than age
Lips	Shorter — high movement breaks product down faster	Moderate	Swell the most; the area most prone to migration over years
Nasolabial folds	Moderate	Higher	Often better addressed indirectly, from the cheek
Under-eye	Can persist a long time	Higher	Technically demanding; Tyndall effect and prolonged swelling more common
Nose	12 to 18 months	Highest	See the dedicated page; adds, never reduces
Glabella (between brows)	Moderate	Highest	Alongside the nose, the highest-risk site on the face

The risk column is worth reading before the duration column. Areas are not equally forgiving, and a practitioner who treats them as though they were is the risk factor, not the product.

What these treatments can and cannot do

They can restore contours lost through ageing or weight loss, support facial symmetry, define the jawline or lips, and soften folds.

They cannot lift loose skin. Where the concern is descended tissue and skin laxity rather than lost volume, filler adds weight to tissue that is already falling and can make the face look heavier rather than

younger. That is a surgical problem — see facelift or thread lift . An honest assessment includes being told when filler is the wrong tool.

How the appointment runs

Consultation. What bothers you, in your own words. Photographs from before, if you have them. Your full medical history, every previous filler treatment including any had overseas, and any blood-thinning medication or supplements.

Assessment of the whole face , including areas you did not raise — because the cause of a fold is often somewhere else.

A plan and a quote , in millilitres and dollars, including what maintaining it would cost annually.

Consent , covering the risks below, with time to read rather than sign on the spot.

Treatment , with topical or local anaesthetic depending on the area.

Observation before you leave.

Review at around two weeks , once swelling has settled — the first honest look, and the point at which anything is adjusted.

Two questions worth asking before any of it: “Is hyaluronidase in the room?” and “Who do I ring after hours?”

The sequence, when more than one thing is going on

Most people over forty have some of all four of the changes in the table above. Order matters, and doing it in the wrong order wastes money.

Skin quality first, or alongside everything. It is the one thing no injectable improves, and it is what people unconsciously read as health.

Volume before lines. Restoring support often softens folds, so treating lines first means treating lines that were about to improve anyway.

Movement lines whenever. They are independent of the rest.

Surgery is a decision, not a last resort. Where descent is the main issue, years of filler to postpone it costs more and often ends with a heavier face than the one you started with. That comparison is worth making early rather than after five years of maintenance.

What to expect

Downtime is usually minimal, with most people returning to normal activity immediately. Redness, swelling, tenderness and bruising are common and generally settle within a few days — lips swell more than most areas and can be noticeably swollen for several days.

Results are visible almost immediately, with the final appearance clearer once swelling settles at around two weeks.

How long they last varies with the product, the area, and individual metabolism — commonly from around six months to over a year. Areas with more movement, such as the lips, typically break the product down faster. Maintenance treatments are needed to preserve the result.

Cost over time, not per syringe

The per-treatment figure is not the number the decision rests on. Volume multiplied by frequency is.

A useful way to think about it: take the total millilitres in your plan, work out how often each area needs repeating, and calculate the annual figure. Then look at the ten-year number. For some people that comparison confirms filler is the right, flexible, reversible choice. For others it makes a one-off surgical procedure look different than it did.

Ask for it in writing. A clinic that can produce an annual figure is one that has thought about your outcome rather than your appointment.

Risks and complications

Common and expected effects include pain during injection, redness, swelling, bruising, tenderness and temporary lumpiness.

Other risks include:

Asymmetry, over-correction or an unsatisfactory cosmetic result

Palpable or visible lumps and nodules, which can appear weeks or months later

Infection at the injection site, and rarely abscess formation

Delayed inflammatory reactions, sometimes triggered by illness or vaccination months after treatment

Allergic reaction

Reactivation of cold sores when treating around the mouth

Migration of product away from the intended site

Tyndall effect — a bluish discolouration when product is placed too superficially

Vascular occlusion

The most serious complication is vascular occlusion — filler entering or compressing a blood vessel and blocking blood supply. This can cause tissue death (necrosis) with permanent scarring, and, where the vessels involved supply the eye, vision loss, which can be permanent . It is uncommon, but it is not theoretical, and it is the reason these treatments should be performed by a practitioner with detailed knowledge of facial vascular anatomy, in a setting where hyaluronidase is immediately available to dissolve the product.

The risk is higher in some areas than others — the nose, glabella (between the brows), nasolabial region and under-eye area carry more risk than the cheeks or jawline.

Seek urgent medical attention if after treatment you experience severe or increasing pain, blanching or mottled discolouration of the skin, or any change in vision.

Expected, versus call us, versus seek urgent care

Expected: redness, swelling, tenderness, bruising and some temporary firmness or lumpiness that settles within a fortnight.

Call us: swelling increasing after several days; a lump that has not settled at two weeks; asymmetry once swelling has gone; spreading redness, heat, pus or fever; a lump appearing weeks or months later.

Seek urgent medical attention: severe or increasing pain, skin blanching white, mottled or dusky discolouration, or any change in vision. Do not wait to see whether it settles.

Timing around dental work, vaccinations and illness

This appears on most consent forms as a line to disclose, and almost never with an explanation, so it gets ignored.

Filler in the face can develop a delayed inflammatory reaction — a swollen, sometimes tender area appearing weeks or months after an uneventful treatment, occasionally in a face that has had filler for years without incident. These are typically triggered by something that has activated the immune system: a viral illness, a dental infection or procedure, or a vaccination.

What follows practically:

Tell your injector about planned dental work , particularly anything involving infection or a lengthy procedure, and ask about spacing.

Tell your injector about upcoming vaccinations and ask whether to leave a gap. This is not an argument against vaccination — it is an argument about scheduling.

Do not have filler while you are unwell , or with an active dental infection.

Tell your dentist you have had facial filler , and where.

If a treated area swells months later after an illness or a jab, that is a phone call, not a wait-and-see. It is usually manageable, and it is not the same thing as infection — but it needs assessing rather than guessing.

Who should not be treated

Treatment is generally avoided where there is active infection or inflammation at the site, during pregnancy or breastfeeding, in people with a known allergy to the product, and in some autoimmune conditions. Disclose all previous filler treatments, including permanent fillers, and any planned dental work or vaccinations.

Also worth raising rather than assuming: a history of cold sores if the area around the mouth is being treated; blood-thinning medication and supplements such as fish oil; a history of keloid or unusual scarring; and any previous adverse reaction to an injectable, whatever it was.

What sits outside this

We do not lift loose skin with filler , and will say when descent rather than volume is the issue.

We do not treat to a photograph of someone else.

We do not use permanent fillers.

We do not treat anyone we do not consider a suitable candidate , including where expectations do not match what the treatment does.

We do not run time-limited offers or packages on cosmetic procedures , and Australian advertising rules prohibit them.

We do not publish patient testimonials about clinical care — also prohibited, under section 133 of the National Law.

What you should leave with

A written record of the product, the volume in millilitres, and each area treated — keep it permanently, because it changes the assessment if anything goes wrong later or if you ever have surgery

Written aftercare and the specific signs to seek urgent care for

A contact number that reaches someone after hours

A two-week review appointment

An itemised quote, with the annual maintenance figure alongside it

Costs

Cost depends on the type and volume of product used and the areas treated. Volumising treatments start from $590 per treatment. As at September 2024 and including GST, a consultation with a Cosmetic Doctor is $150. A personalised quote is provided at consultation.

Cosmetic treatment is not covered by Medicare, and we are not a no-gap provider.

We are at 4 Burke Road, Malvern East VIC 3145, five minutes' walk from Caulfield station. Phone 1300 852 050, or use the online consultation form .

Related: before and after photos , dissolving dermal fillers , non-surgical nose augmentation , risks of cosmetic treatments .

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.

Lip lift: the surgical alternative, and why it is not the same thing

People considering lip filler are often unaware that a lip lift exists, and the two do genuinely different things. Worth knowing before you commit to either.

A lip lift shortens the philtrum - the distance between the base of the nose and the top of the lip - by removing a strip of skin under the nose. It adds no volume at all. The lip appears fuller because less skin is covering it and more of the pink lip is exposed, and it usually increases how much upper tooth shows when you smile.

	Lip filler	Lip lift
Mechanism	Adds volume	Shortens the philtrum; volume unchanged
Duration	Temporary, repeated	Long-lasting, a single decision
Scar	None	A permanent incision line under the nose
Reversible	Largely, with hyaluronidase	No
Best where	The lip lacks volume	The philtrum is long and the lip is hidden

The distinction matters because they fail differently. Repeatedly adding filler to a lip whose problem is a long philtrum produces a heavy, projecting upper lip that still does not show - a common and avoidable outcome.

What it involves

A day procedure, typically 30 to 60 minutes , usually under local anaesthesia - general anaesthesia is not needed in most cases.

The bullhorn (subnasal) lip lift is the most common technique, with the incision placed in the crease at the base of the nose.

Sutures are removed or dissolve at 5 to 7 days.

Most people return to light activity within a few days, and to normal routines over the first week.

Avoid strenuous activity and excessive mouth movement - wide yawning, big laughs - for at least a week.

Two honest limits. The scar is permanent ; it is placed to sit in the shadow at the base of the nose and usually settles well, but how any scar heals varies between people. And other techniques exist - direct, corner and gullwing lip lifts are described elsewhere in the industry - which are not necessarily offered at Me Clinic . Ask specifically which technique is proposed for you and why.

Common questions about facial volume treatments

What are dermal fillers made of?

Most used today are gels based on hyaluronic acid, a substance that occurs naturally in skin and binds water. These can be dissolved with an enzyme, which permanent fillers cannot.

Are all fillers the same?

No. Products differ in firmness, cross-linking and how much water they attract — which is why a product suited to building structure on a cheekbone is the wrong choice for a lip.

How do I know whether my problem is volume or sagging?

Lie flat on your back and look in a mirror held above you. Gravity is removed, so hollows still present lying down are volume loss; folds and jowls that largely vanish are descent.

Why does that distinction matter?

Because filler adds weight. Where tissue is descending rather than deflating, adding volume can make the face look heavier rather than younger.

Does bone really change with age?

Yes, measurably. The eye socket enlarges, the cheekbone loses projection, the jaw angle softens, the chin recedes and bone around the nose is lost — which is why the nose appears to lengthen when it has not changed.

Why is filler sometimes injected onto bone?

Because that is where the support was lost. Restoring projection at the cheekbone holds everything above the fold, rather than adding weight into the fold itself.

Why not just fill the line I do not like?

The crease beside the mouth is where the cheek ends. It deepens because the cheek above it has deflated and slid down. Packing the crease adds weight to the heaviest part of an overloaded area — treat the cause, not the shadow.

Which areas are commonly treated?

Cheeks, lips, jawline and chin, temples, nasolabial folds, the under-eye region, and the nose.

Which areas carry the most risk?

The nose and the glabella between the brows are the highest, followed by the nasolabial region and under-eye. Cheeks and jawline are lower risk.

Which areas last longest?

Cheeks, jawline and temples, often over a year. Lips break product down faster because they move constantly.

Why is the under-eye area described as demanding?

It has a higher rate of visible complications — lumpiness, prolonged swelling, and a blue-grey discolouration known as the Tyndall effect where product sits too superficially.

What is the Tyndall effect?

A bluish appearance caused by light scattering off gel placed too close to the surface. The gel is clear; the blue is optical.

When will I see the real result?

Change is visible almost immediately, but the final appearance is clear at around two weeks once swelling settles. That is when anything should be adjusted.

How long do results last?

Commonly six months to over a year, depending on product, area and individual metabolism.

What order should I do things in?

Skin quality first or alongside everything; volume before chasing lines, since restoring support often softens folds; movement lines whenever. And where descent is the main issue, compare surgery early rather than after years of maintenance.

How should I compare the cost?

Annually, not per syringe. Total volume multiplied by how often each area needs repeating, then look at the ten-year figure.

What is the most serious complication?

Vascular occlusion — filler entering or compressing a blood vessel. It can cause tissue death with permanent scarring and, where vessels supplying the eye are involved, permanent vision loss.

What are the warning signs?

Severe or increasing pain, blanching or mottled discolouration of the skin, or any change in vision. Seek urgent medical attention — do not wait to see whether it settles.

What should I ask before treatment?

Whether hyaluronidase is in the room, and who to ring after hours.

Why do they ask about dental work and vaccinations?

Because filler can develop a delayed inflammatory reaction — swelling appearing weeks or months later — typically triggered by something that has activated the immune system, such as a viral illness, a dental procedure or infection, or a vaccination.

Does that mean I should not be vaccinated?

No. It is a scheduling question, not an argument against vaccination. Ask your injector about spacing.

What if an area swells months later?

Ring us rather than waiting. It is usually manageable and is not the same as infection, but it needs assessing rather than guessing.

Should I tell my dentist about filler?

Yes — that you have had it, and where.

Who should not be treated?

Generally avoided with active infection or inflammation at the site, during pregnancy or breastfeeding, with known allergy to the product, and in some autoimmune conditions.

What else should I disclose?

All previous filler including any had overseas or permanent products, planned dental work or vaccinations, a history of cold sores if treating around the mouth, blood thinners and supplements such as fish oil, keloid scarring, and any previous reaction to an injectable.

What should I leave the appointment with?

A written record of product, volume in millilitres and areas treated — keep it permanently — plus written aftercare, the urgent signs, an after-hours number, a two-week review, and an itemised quote with the annual figure.

What does it cost?

Volumising treatments start from $590 per treatment, depending on product, volume and areas. A Cosmetic Doctor consultation is $150 as at September 2024, including GST. Not covered by Medicare.