# Fraxel Laser Melbourne - Fractional Resurfacing - Me Clinic

Canonical: https://www.meclinic.com.au/face/laser-skin-rejuvenation/fraxel-laser/

## Details:

Fraxel is a fractional skin resurfacing laser. It produces thousands of tiny laser beams that penetrate deep into the dermis, removing damaged tissue in microscopic columns and prompting the body's own healing and collagen response.

Available at Me Clinic, Malvern East and me clinic, Sydney.

## What "fractional" means, and why it matters

An older resurfacing laser treated the entire surface of the skin at once. Everything had to heal at once, which meant weeks of recovery and a higher risk of complications.

A fractional laser instead treats microscopic columns of skin, leaving untreated skin in between. Those untouched areas act as reservoirs of healthy tissue that drive healing across the treated columns.

The consequence is a genuine trade-off rather than a free lunch: recovery is much faster than full resurfacing, but each session treats a fraction of the skin, so a course of sessions is needed to cover the area.

## How many sessions, and what decides it

That last sentence has a practical consequence the brochures tend to skip. Because each pass treats only a proportion of the surface, the total change is built across sessions rather than delivered in one .

Typically three to five sessions, four to six weeks apart , though the range is wider than that at both ends. What moves you within it:

Toward fewer: mild texture change or superficial pigment, good baseline skin quality, one concern rather than several.

Toward more: established acne scarring, deep lines, marked sun damage, or several concerns at once.

Toward more again if you have a darker skin type , because the sensible approach is gentler settings over more sessions rather than fewer aggressive ones.

The spacing is not arbitrary either. Collagen remodelling continues for months after a session, so treating again too soon adds injury without adding the benefit of what the last one is still doing.

Ask for the cost of the course, not the session. A per-session price on a treatment that needs four of them is not a price.

## Conditions it may help

Acne scars and other scars , including surgical scars

Deep lines and wrinkles and fine wrinkles

Hyper-pigmentation , age spots , brown spots and freckles

Uneven skin colouring and uneven skin texture

Sun damage and solar keratosis

Open pores

Lax skin and skin ageing

Stretch marks

Results vary between individuals, and not everyone sees the same degree of change.

Two honest qualifications on that list. Laxity appears there because resurfacing produces some tightening — but if what you have is jowls or genuinely loose skin, this is not the treatment and the lax and sagging skin page explains why. And ice-pick acne scars — narrow and deep — respond poorly to fractional resurfacing, as they do to needling and peels, and are usually addressed differently.

## Dual and ablative options

Fraxel dual uses two different wavelengths, each with its own target depth: one addresses surface scarring and pigmentation, the other deeper scars and wrinkles. They can be used in the same session.

Ablative laser resurfacing goes further — it removes the outer layer of skin while heating the layer beneath to stimulate collagen. It produces more change than a non-ablative fractional treatment and correspondingly more downtime and more risk. See CO2 laser .

| | Fractional (Fraxel) | Ablative (CO2) |
|---|---|---|
| Change per session | Moderate | Larger |
| Downtime | About 7–10 days | Considerably longer, with redness for weeks to months |
| Sessions | A course | Often one |
| Risk | Lower | Higher, including pigment change and scarring |
| Suits | Most people wanting meaningful change with manageable recovery | Marked damage where the larger change justifies the recovery |

## Preparing for treatment

Tell your doctor what you are putting on your skin. Retinoids, acids and other actives change how skin responds and may need to be stopped beforehand.

Discuss lifestyle factors, particularly smoking. Smoking impairs healing and lengthens recovery.

Give a full medical history , including any medications, cold sore history and previous skin treatments.

Stay out of the sun and do not tan. This is the most important preparation step — there is a substantially higher risk of hyperpigmentation when treating tanned skin . Fake tan counts.

Any suspicious lesion in the treatment area should be assessed before treatment, not resurfaced over.

Two more worth raising yourself. If you get cold sores, say so — facial resurfacing is a recognised trigger and preventive antiviral treatment beforehand is far easier than managing an outbreak across raw skin. And if you are pigment-prone or have a darker skin type , several weeks of topical preparation before the first session is often not optional; it reduces the chance the treatment itself causes pigmentation.

## The procedure

Treatment is performed under topical anaesthetic. There is a period of numbing first, then the laser pass itself. Total duration depends on the area and is discussed at consultation.

The treatment does not require surgery, but it is a genuine medical procedure that injures the skin in a controlled way — that injury is the mechanism. It should be treated with the same seriousness as any procedure.

Practically: allow around 30 to 60 minutes for the anaesthetic to work before anything begins, so the appointment is longer than the treatment. Most people describe the pass itself as prickling heat, with cold air used alongside. It is uncomfortable rather than painful, and it is over in minutes to tens of minutes depending on the area. Arrange to be driven home if you would rather not drive while your face is hot and swelling.

## Recovery

Recovery time varies between individuals, typically seven to ten days .

Expect redness and swelling, a sunburn-like sensation, and then a period of roughness, bronzing and flaking as treated skin sheds and is replaced. Follow the post-treatment instructions you are given closely — gentle cleansing, generous moisturising, no picking, and rigorous sun avoidance.

Sun protection after treatment is not optional. Newly resurfaced skin is highly vulnerable to ultraviolet damage, and sun exposure during healing is the most common cause of post-treatment pigmentation.

### *What the days actually look like*

| When | What is normal |
|---|---|
| Day 0 | Red, hot and tight, like a strong sunburn. Swelling begins. Cold compresses and the ointment you were given. |
| Days 1–2 | Usually the worst for swelling , often most obvious around the eyes and worst on waking. Sleeping propped up genuinely helps. Still red. |
| Days 2–4 | Swelling settles. The skin takes on a bronzed, sandpapery look and feel. This is the part people are least prepared for — see below. |
| Days 4–7 | Fine flaking and shedding, usually starting around the mouth and nose. New pink skin underneath. |
| Days 7–10 | Mostly finished. Pink, slightly sensitive skin that takes make-up. |
| Weeks 2–12 | Residual pinkness fades. Collagen remodelling continues quietly for months — the scarring and texture change arrives here, not in week one. |

### *The bronzing, explained*

Around days two to four the skin develops a darker, bronzed, faintly gritty appearance that people frequently mistake for dirt, a burn or a reaction. It is neither.

What you are seeing is the treated tissue itself working its way to the surface . Each microscopic column of damaged tissue is pushed up through the epidermis and shed, and while it is in transit it sits

just under the surface as tiny dark specks. Collectively they read as a bronze cast with a sandpapery texture.

Three things follow:

It will not wash off, and scrubbing it makes things worse. It leaves when the skin is ready, which is days four to seven.

It is a sign the treatment did what it was supposed to , not a sign anything has gone wrong.

Plan for it. This is the stage people had not pictured, and it is the reason a Fraxel session three days before an event is a mistake.

## Timing it around your life

Allow four weeks before anything that matters. Ten days for the visible recovery, and a fortnight more for residual pinkness to settle.

Two clear days at home is the minimum most people want, and the swelling on day one or two is the reason.

Autumn and winter are the sensible seasons , as with every light-based treatment. Freshly resurfaced skin and Australian summer are a poor combination, and sun exposure during healing is the commonest cause of post-treatment pigmentation.

Do not book a course to finish the week of a wedding. Finish it a season before.

## Who this suits, and what changes

Acne scarring after the acne has settled. The classic indication, and one where the result builds over months rather than appearing between sessions. The acne must be controlled first, and there is usually a waiting period after oral acne medication.

Sun-damaged Australian skin. Texture, pigment and fine lines together — the combination fractional resurfacing handles well in one course.

Darker skin types. Treatable, with gentler settings over more sessions and usually topical preparation beforehand. The risk being managed is post-inflammatory pigmentation, and it is managed by restraint rather than by refusal.

Melasma. Approached cautiously if at all. Heat is a melasma trigger and aggressive resurfacing can rebound it darker than it started. See melasma .

Smokers. Healing is slower and the recovery longer. Not a refusal, but a real factor in what settings are used and what you should expect.

Anyone with a cold sore history. Raise it. Preventive treatment beforehand is straightforward; an outbreak on resurfaced skin is not.

Recent oral acne medication. Resurfacing is deferred for a period afterwards because healing is affected. Bring the dates.

Pregnancy. Elective resurfacing is deferred.

## What sits outside this treatment

We do not resurface over an unassessed or suspicious lesion.

We do not treat recently tanned or fake-tanned skin.

We do not offer it as a lift. Loose skin and descended tissue are a surgical problem.

We do not resurface active acne , or treat scarring while acne is active.

We do not use aggressive settings on melasma.

We do not sell courses paid upfront for a treatment whose plan should be reviewed between sessions.

## What you receive

An assessment recording your skin type and naming what is being treated

Baseline photographs in standard conditions — essential here, because the change is gradual and you see your face daily

A written plan stating the expected number of sessions and the spacing

A quote for the course and any topical preparation, not for one session

A preparation routine where your skin needs one before the first session

Written aftercare covering the day-by-day, including the bronzing stage

A review before each repeat

## Risks and side effects

Redness, swelling, itching and discomfort — part of the healing process, but they should be monitored and reported if severe or worsening

A burning sensation after treatment

Blistering and burns

Infection — including bacterial infection and reactivation of cold sores. Antiviral prophylaxis is sometimes prescribed

Changes in pigmentation — darkening (particularly in darker skin types and tanned skin) or lightening, which may be temporary or persistent

Scarring

Prolonged redness

Acne flare or milia during healing

Eye injury without proper protective eyewear

Little or no response, or an uneven result

These risks apply across skin types, and are higher in darker and recently tanned skin.

Contact us if you develop increasing pain, spreading redness, pus, fever or blistering during recovery.

Please read our information on the risks and complications of cosmetic surgery before proceeding.

### *Expected, versus call us*

Expected: strong sunburn sensation on the day, swelling worst on days one to two, a bronzed sandpapery look from about day two, flaking from day four, pink skin for a fortnight afterwards, and itching as it heals.

Call us: pain increasing rather than easing after the first two days; redness spreading beyond the treated area; pus, an unpleasant smell or fever; blistering; a cold sore outbreak; or a patch that becomes lighter or darker than the skin around it in the weeks afterwards.

## Consultation and cost

Cost depends on the area treated, the depth of treatment and the number of sessions. A no-obligation consultation is required so your skin can be assessed for suitability.

As at September 2024 and including GST, a skin assessment with a nurse or aesthetician is $50 and is redeemable on products or services; a consultation with a Cosmetic Doctor is $150.

Ask for the cost of the whole course, including any topical preparation and any LED recovery sessions, rather than a single-session figure. Cosmetic treatment is not covered by Medicare, and we are not a no-gap provider.

We have been offering laser treatments for over 20 years, within more than 35 years in cosmetic medicine.

We are at 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050, or use the online consultation form .

Related: laser skin rejuvenation , CO2 laser , LED after facial laser .

## Common questions about Fraxel laser

### *What is Fraxel?*

A fractional skin resurfacing laser producing thousands of tiny beams that penetrate into the dermis, removing damaged tissue in microscopic columns and prompting the body’s healing and collagen response.

### *What does “fractional” mean?*

It treats microscopic columns of skin and leaves untreated skin in between. Those untouched areas act as reservoirs of healthy tissue that drive healing across the treated columns.

### *Why does that matter?*

Recovery is much faster than full resurfacing — but each session treats only a fraction of the skin, so a course is needed to cover the area.

### *How many sessions will I need?*

Typically three to five, four to six weeks apart. Fewer for mild texture or superficial pigment; more for established scarring, deep lines, marked sun damage, several concerns at once, or a darker skin type treated more gently.

### *Why the four to six week spacing?*

Collagen remodelling continues for months after a session, so treating again too soon adds injury without adding the benefit of what the last one is still doing.

### *What should I ask about cost?*

The cost of the course, not the session. A per-session price on a treatment that needs four of them is not a price.

### *How is it different from ablative CO2?*

Ablative resurfacing removes the outer layer of skin and produces more change per session — with considerably more downtime and more risk. Fractional gives moderate change across a course with about seven to ten days of recovery each time.

### *What is Fraxel dual?*

Two different wavelengths with different target depths — one for surface scarring and pigmentation, one for deeper scars and wrinkles. They can be used in the same session.

### *Will it lift my skin?*

It produces some tightening, but if what you have is jowls or genuinely loose skin, this is not the treatment.

### *Does it work on all acne scars?*

Ice-pick scars — narrow and deep — respond poorly to fractional resurfacing, as they do to needling and peels, and are usually addressed differently.

### *Does the procedure hurt?*

Topical anaesthetic is applied first, and the pass itself is usually described as prickling heat, with cold air alongside. Uncomfortable rather than painful.

### *How long is the appointment?*

Longer than the treatment — allow around 30 to 60 minutes for the anaesthetic to work first. Arrange to be driven home if you would rather not drive while your face is hot and swelling.

### *What is the recovery?*

Typically seven to ten days: red and tight on the day, swelling worst on days one to two, bronzed and sandpapery from about day two, flaking from day four, then pink skin for a fortnight.

### *Which day is worst?*

Usually day one or two for swelling, often most obvious around the eyes and worst on waking. Sleeping propped up genuinely helps.

### *Why does my skin look bronzed and gritty?*

That is the treated tissue working its way to the surface. Each microscopic column of damaged tissue is pushed up through the epidermis and shed, and while it is in transit it sits just under the surface as tiny dark specks.

### *Can I wash it off?*

No, and scrubbing makes things worse. It leaves when the skin is ready, around days four to seven.

### *Is it a bad sign?*

The opposite — it is a sign the treatment did what it was supposed to. It is simply the stage people had not pictured.

### *How long before an event should I have it?*

Four weeks: ten days for the visible recovery and a fortnight more for residual pinkness. Two clear days at home is the minimum most people want.

### *What time of year is best?*

Autumn or winter. Freshly resurfaced skin and Australian summer are a poor combination, and sun exposure during healing is the commonest cause of post-treatment pigmentation.

### *What is the most important preparation?*

Staying out of the sun and not tanning, including fake tan. Treating tanned skin carries a substantially higher risk of hyperpigmentation.

### *What else should I raise?*

Everything you put on your skin, your full medical history and medications, smoking, any cold sore history, and any lesion in the area — which is assessed rather than resurfaced over.

### *Why does a cold sore history matter?*

Facial resurfacing is a recognised trigger. Preventive antiviral treatment beforehand is far easier than managing an outbreak across raw skin.

### *Can darker skin be treated?*

Yes — with gentler settings over more sessions and usually topical preparation beforehand. The risk being managed is post-inflammatory pigmentation, and it is managed by restraint rather than refusal.

### *Can it be used on melasma?*

Cautiously if at all. Heat is a melasma trigger and aggressive resurfacing can rebound it darker than it started.

### *Does smoking matter?*

Yes. It impairs healing and lengthens recovery, and it is a real factor in what settings are used and what you should expect.

### *When will I see the result?*

Some change is visible once the skin settles at two weeks, but the scarring and texture improvement arrives over months as collagen remodels — not in week one.

## *What are the risks?*

Redness, swelling, itching and discomfort; a burning sensation; blistering and burns; infection including cold sore reactivation; pigment changes that may be temporary or persistent and are higher in darker and tanned skin; scarring; prolonged redness; an acne flare or milia during healing; eye injury without proper eyewear; and little or no response or an uneven result.

## *When should I call us?*

Pain increasing rather than easing after the first two days, redness spreading beyond the treated area, pus, smell or fever, blistering, a cold sore outbreak, or a patch becoming lighter or darker than the skin around it in the weeks afterwards.

## *What does it cost?*

It depends on the area, the depth and the number of sessions. A skin assessment is $50 and redeemable, and a Cosmetic Doctor consultation $150, as at September 2024 including GST. Ask for the cost of the whole course including topical preparation and any LED recovery sessions. Not covered by Medicare.

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.