Risks and Complications of Cosmetic Surgery - Me Clinic

Canonical: https://www.meclinic.com.au/risks-and-complications-of-cosmetic-surgery/

Details:

Cosmetic surgery is surgery. It carries the same risks as any other operation, plus some specific to individual procedures — and unlike surgery you need, you are choosing to accept those risks for a result you want rather than a problem you have.

That makes reading this page part of the decision, not a formality. Everything below can happen. Most of it is uncommon. Some of it is serious.

How to read the word “rare”

Consent forms and websites use a small vocabulary of frequency words, and most people read them as vague reassurance. They are not vague: they correspond to conventional numerical bands, widely used in medicine and medicines information.

Word	Conventionally means	In a room of 1,000 people
Very common	More than 1 in 10	More than 100
Common	Between 1 in 10 and 1 in 100	10 to 100
Uncommon	Between 1 in 100 and 1 in 1,000	1 to 10
Rare	Between 1 in 1,000 and 1 in 10,000	Fewer than 1
Very rare	Fewer than 1 in 10,000	Fewer than 1 in ten such rooms

Three things follow, and they change how a risk list should be read:

“Rare” is not “will not happen to me”. It is a number, and someone is that number.

Frequency and seriousness are separate axes. A common, trivial problem and a rare, catastrophic one both appear on the same list. Read both columns.

The relevant figure is yours, not the average. Smoking, weight, diabetes, previous surgery, the length of the operation and how many procedures are combined all move your number, sometimes a great deal.

So the question worth asking is not “is this common?” but “how likely is this for me, and how bad is it if it happens?” A surgeon who answers with a figure and a qualifier is giving you the information you need.

General risks of surgery

Infection

A risk with any surgical procedure. Post-operative care may include antibiotics, which reduce but do not eliminate the risk. Infection can require further treatment, drainage, or in some cases removal of an implant.

Bleeding and haematoma

A haematoma is a collection of blood under the skin — like a large, painful, expanding bruise. It occurs in up to 6% of breast augmentation procedures and is the most common complication after a facelift. Significant haematoma usually requires a return to theatre to evacuate it.

Seroma

A collection of clear fluid beneath the skin, causing swelling and discomfort. Most common after abdominoplasty, but possible after other procedures. May need drainage, sometimes more than once.

Bruising and swelling

Expected rather than exceptional. Swelling typically peaks around 48 hours and then settles, but some can persist for weeks or months after more extensive procedures. Bruising generally fades over a few weeks.

Pain

Pain after surgery is normal and varies considerably with the procedure and the person. It is managed, not eliminated.

Scarring

All surgery scars. The extent and visibility vary with the procedure, the site, your skin and how you heal. Some people form hypertrophic or keloid scars. Scars fade over 12 to 18 months; they do not disappear . See scars .

Nerve damage

Numbness and tingling are common after surgery and can indicate nerve injury. Most resolves; some does not. Most women experience a change in sensitivity after breast augmentation, and around 15% experience permanent changes in nipple sensation .

Anaesthetic complications

Anaesthesia carries its own risks. Minor ones include confusion, nausea and short-term memory disturbance. Serious complications — chest infection, stroke, heart attack and, rarely, death — are uncommon but real. Your anaesthetist will discuss your individual risk.

Blood clots

Deep vein thrombosis and pulmonary embolism are risks with any surgery. Clots forming in the leg or pelvic veins can travel to the lungs, causing serious illness, disability or death. Risk is higher with longer procedures, immobility and flying soon afterwards.

Organ damage

Specific to some procedures. In liposuction, the cannula can perforate an internal organ. This is uncommon and serious, and repair requires further surgery.

Unsatisfactory results

The result may not match what you hoped for — in size, shape, symmetry or overall appearance. Further surgery may be needed, at additional cost, and revision surgery is often more complex than the original .

Psychological impact

Surgery changes appearance; it does not reliably change how you feel about yourself. Some people experience low mood, dissatisfaction or regret afterwards. This is one reason screening for underlying psychological conditions is required before cosmetic surgery.

Risk and severity vary with the procedure and with your own health, age, weight, smoking status and medical history. Your surgeon will give you the figures relevant to you.

What actually moves your own risk

Some of the things that change a risk figure are fixed. Several are not, and the modifiable ones are worth knowing because they are the part you control.

Factor	Effect	Can you change it?
Smoking and vaping	Substantially impairs wound healing and raises the risk of wound breakdown and tissue loss	Yes — the single largest modifiable factor
Length of the operation	Longer procedures carry higher clot and anaesthetic risk	Partly — by staging rather than combining
Number of procedures combined	Compounds time, blood loss and recovery	Yes
Weight	Affects wound healing, anaesthetic and clot risk	Partly, and slowly
Diabetes and blood sugar control	Impairs healing and raises infection risk	Yes, with your GP
Blood thinners, fish oil, high-dose vitamin E	Increase bleeding and haematoma	Yes — but only on medical advice, never on your own
Previous surgery or radiotherapy to the area	Scarred tissue heals less predictably	No, but it changes the plan
Nutrition, especially after weight loss	Protein, iron and B12 deficiency impair healing	Yes, and worth checking
Immobility and long flights afterwards	Raise clot risk	Yes
Age and general health	Affects anaesthetic and recovery	No

The two most useful lines in that table are the first and the third. Stopping smoking well before surgery changes your risk more than any other single decision you can make, and combining several procedures into one long operation adds risk in a way that is easy to underestimate when the appeal is one recovery instead of two.

Warning signs — contact us or seek care immediately

Do not wait to see if these settle:

Severe or worsening pain , particularly pain that is increasing rather than easing

Rapidly increasing swelling , or swelling on one side only

Bruising that is not starting to fade after a couple of weeks

Spreading redness , heat, or a red streak from the wound

Fever, chills or feeling generally unwell

Pus or foul-smelling discharge from a wound

A wound opening , or edges separating

Heavy or continuing bleeding

Calf pain, swelling, warmth or tenderness — possible DVT

Chest pain, shortness of breath or coughing blood — possible pulmonary embolism. Call 000.

The two that are genuinely time-critical

Most complications are treated better sooner, but two are measured in hours:

An expanding haematoma. Rapid one-sided swelling with increasing pain and tightness, usually in the first 12 to 24 hours. In the neck it can threaten the airway. This needs assessment immediately, not in the morning.

Pulmonary embolism. Sudden breathlessness, chest pain, coughing blood or collapse. Call 000, and say you have had surgery recently — that single detail changes how you are assessed.

Reducing your risk

Give a complete medical history, including every medication and supplement

Stop smoking well before surgery — smoking substantially impairs wound healing

Follow pre-operative instructions about fasting and medications

Arrange someone to drive you home and stay with you afterwards

Follow post-operative instructions on medication, compression, activity and wound care

Move and walk as advised — it reduces clot risk

Attend every follow-up appointment

Do not fly until your surgeon says it is safe

Allow proper recovery time rather than the minimum you can get away with

If something does go wrong

Knowing the process in advance makes a bad week considerably less frightening.

Ring us first , using the after-hours number you were given. Most problems are assessed and managed there.

Go to an emergency department for anything in the time-critical list above, or if you cannot reach anyone. Take your operation details with you.

Keep a record — when it started, what you noticed, photographs each day, and what you were told. It is genuinely useful at the next appointment.

Ask what it will cost to manage. Complication management is not always included, and knowing is better than assuming either way.

Expect to be seen, and to keep being seen. Managing a complication is part of the operation you paid for, not a separate favour.

Raise a concern with the clinic first if you are unhappy with how something has been handled. You can also take it to AHPRA, or in Victoria to the Health Complaints Commissioner — and you do not need our agreement to do so.

Before you consent

Since 1 July 2023, cosmetic surgery in Australia requires a GP referral, screening for underlying psychological conditions, and at least two consultations before booking — one of them in person with the operating surgeon. Use that time. See cosmetic surgery rule changes and choosing the right practitioner .

Ask your surgeon for the risks specific to your procedure and your health, in writing, and what a complication would cost to manage.

Two further points about consent itself. A signature is not consent — consent is the conversation, and the form records that it happened. And the legal standard in Australia requires warning of material risks , which includes risks you in particular would attach significance to. That means what you volunteer about your work, your commitments and what you cannot afford to lose changes what you must be told. See what consent actually requires .

Required statement

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

Before and after images

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Contact

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See also risks of non-surgical cosmetic treatments .

Common questions about surgical risk

Is cosmetic surgery different from other surgery?

Only in why you are having it. It carries the same risks as any operation, plus some specific to individual procedures — and you are choosing to accept them for a result you want rather than a problem you have.

What does “rare” actually mean?

Conventionally, between 1 in 1,000 and 1 in 10,000. “Common” is between 1 in 10 and 1 in 100; “uncommon” between 1 in 100 and 1 in 1,000; “very rare” fewer than 1 in 10,000.

So can I ignore rare risks?

No. Rare is a number, and someone is that number. Frequency and seriousness are separate — read both.

What is the most useful question about risk?

“How likely is this for me, and how bad is it if it happens?”

What is a haematoma?

A collection of blood under the skin, like a large, painful, expanding bruise. It occurs in up to 6% of breast augmentations and is the commonest complication after a facelift; a significant one usually needs a return to theatre.

What is a seroma?

A collection of clear fluid beneath the skin, most common after abdominoplasty, which may need draining more than once.

Do all operations scar?

Yes. Scars fade over 12 to 18 months but do not disappear, and some people form hypertrophic or keloid scars.

Will I lose sensation?

Numbness and tingling are common and usually resolve. After breast augmentation, most women notice some change, and around 15% have permanent changes in nipple sensation.

What are the anaesthetic risks?

Minor ones include confusion, nausea and short-term memory disturbance. Serious complications — chest infection, stroke, heart attack and rarely death — are uncommon but real. Your anaesthetist will discuss your own risk.

What raises my clot risk?

Longer procedures, immobility, and flying soon afterwards.

What is the single biggest thing I can change?

Stopping smoking well before surgery. It substantially impairs wound healing and raises the risk of wound breakdown and tissue loss.

Does combining procedures add risk?

Yes — it compounds operating time, blood loss and recovery, in a way that is easy to underestimate when the appeal is one recovery instead of two.

What else moves my risk?

Weight, diabetes and blood sugar control, blood thinners and supplements that increase bleeding, previous surgery or radiotherapy to the area, nutrition after weight loss, and age and general health.

Should I stop my medication before surgery?

Only on medical advice, never on your own.

What are the warning signs?

Severe or worsening pain, rapidly increasing or one-sided swelling, bruising not fading after a couple of weeks, spreading redness or a red streak, fever, pus or foul discharge, a wound opening, heavy bleeding, calf pain or swelling, and chest pain or breathlessness.

Which are time-critical?

An expanding haematoma — rapid one-sided swelling with increasing pain in the first 12 to 24 hours, which in the neck can threaten the airway — and pulmonary embolism, which is a 000 call.

What should I say when I call 000?

That you have had surgery recently. That single detail changes how you are assessed.

What should I do if something goes wrong?

Ring us on the after-hours number, go to an emergency department for anything time-critical or if you cannot reach anyone, keep a daily record with photographs, and ask what management will cost.

Is managing a complication part of what I paid for?

It should be part of your care. Ask specifically what is included, in writing, before surgery.

What if I am unhappy with how it was handled?

Raise it with the clinic first. You can also take it to AHPRA, or in Victoria to the Health Complaints Commissioner, without our agreement.

Is signing the consent form the same as consenting?

No. Consent is the conversation; the form records that it happened.

What must I be told about?

Material risks — including risks you in particular would attach significance to, which is why what you volunteer about your life changes what you must be told.

What is required before booking?

A GP referral, psychological screening, and at least two consultations, one of them in person with the operating surgeon.