Acne Scar Treatment Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-conditions/acne-scars/

Details:

Acne scars are what remains after inflammatory acne has resolved. They form when inflammation damages the dermis: either tissue is lost, leaving a depression, or too much collagen is laid down, leaving a raised scar.

The single most useful thing to know is that "acne scarring" is not one problem . Different scar types respond to different treatments, most people have more than one type, and that is why a single treatment applied across a whole face gives uneven results.

This page covers the scar types . For the treatments themselves, see acne scar treatments .

The types

Ice-pick scars

Narrow, deep, sharply defined pits - like a puncture. They extend well into the dermis. The hardest type to treat with resurfacing alone, because the scar is deeper than the resurfacing reaches. Usually addressed individually before any surface treatment.

Boxcar scars

Round or oval depressions with sharp, vertical edges - wider than ice-pick scars and with a flat base. Shallow boxcar scars respond well to resurfacing; deeper ones respond partially.

Rolling scars

Broad, shallow undulations giving the skin a wave-like surface. Caused by fibrous bands tethering the skin to deeper tissue. Because the cause is tethering rather than surface damage, releasing the tether does more than resurfacing does.

Atrophic scars with volume loss

Deep divots where subcutaneous volume has been lost.

Hypertrophic and keloid scars

Raised scars. Hypertrophic scars stay within the original lesion; keloids extend beyond it. More common on the chest, back, shoulders and jawline, and in darker skin. These need the opposite approach from depressed scars - reduction rather than resurfacing.

Macular scarring and post-inflammatory pigmentation

Flat areas of increased or decreased pigment with no change in skin contour. Strictly this is pigmentation rather than scarring - and, unlike true scarring, much of it fades on its own over months , faster with sun protection. It is worth knowing the difference before paying for scar treatment.

How to work out which types you have

You can get most of the way yourself, and arriving with this settled makes the consultation far more useful.

Light from the side, not the front. Stand at a mirror with a lamp or window to one side. Side light throws shadows into anything with depth; flat front light hides contour entirely. This is why bathroom mirrors under a downlight make scarring look worse and a front-lit selfie makes it vanish.

What disappears under flat light is pigment. If a mark looks identical under both lightings, it has no depth - it is colour, not contour, and much of it will fade on its own.

Feel with your eyes closed. Run a fingertip over the area. Pits and raised scars are palpable; pigment is not.

Stretch the skin gently. Rolling scars flatten out when the skin is stretched, because the problem is tethering underneath. Boxcar and ice-pick scars keep their edges.

Count roughly. Which type covers most of the area that bothers you? That is what the plan should be built around.

Matching treatment to scar type

Scar type	What tends to work
Ice-pick	Individual treatment of each scar, then resurfacing; excision of the worst
Boxcar, shallow	Fractional or ablative laser resurfacing; skin needling
Boxcar, deep	Resurfacing plus individual treatment; partial improvement realistic
Rolling	Release of tethering (subcision), then needling or laser; filler for residual depressions
Volume-loss divots	Dermal filler, repeated as it absorbs
Hypertrophic and keloid	Cortisone injections, silicone; avoid aggressive resurfacing
Pigmentation only	Sun protection, topicals, peels, light-based treatment - and time

Treatments we use

Laser resurfacing - CO2 and erbium for deeper resurfacing; Fraxel fractionally, with less downtime and more sessions

Skin needling - collagen stimulation for depressed and textural scarring, in a course

Cortisone injections - for raised scars

Surgical excision - for individual deep scars, replacing a pit with a fine line

Dermal fillers - to lift individual depressions; temporary and repeated

Chemical peels , microdermabrasion and epidermal levelling - for surface texture and pigment

LED and cosmeceutical skincare - supporting treatments

Mineral make-up - cover, and physical sun protection

Treat the acne first

Scar treatment on actively inflamed skin is a poor investment: new scars form while old ones are being treated, and some resurfacing treatments are unsuitable on active acne. Get the acne under control first.

If you have recently taken oral acne medication, say so - resurfacing is usually deferred for a period afterwards because of healing risk.

Who this is for, and who it is not

For: anyone whose acne is controlled and who has genuine contour change they want reduced.

Not yet: anyone still breaking out, or recently off oral acne medication.

Probably not needed: anyone whose marks are flat. That is pigment, it often fades on its own, and sun protection does more than a course of anything.

Needs a different plan: anyone with raised or keloid scars - aggressive resurfacing is the wrong direction and can make them worse.

Not for anyone expecting unmarked skin. That outcome is not available.

Darker skin, and keloid-prone skin

Two things change materially:

Post-inflammatory hyper-pigmentation is notably more likely. An aggressive treatment that improves contour can leave pigmentation that is a worse cosmetic problem than the scarring was. Treatments are typically more conservative and more numerous, and a test patch is reasonable to ask for.

Hypertrophic and keloid scarring is more common. If you have ever had a raised scar from a cut, a piercing or surgery, say so before any treatment that wounds the skin - it changes what is safe.

What results are realistic

Acne scarring improves. It does not disappear. A realistic outcome from a well-chosen course is meaningful, visible improvement - commonly described as a substantial reduction in how noticeable the scarring is, not a return to unmarked skin.

Expect a course of treatments over months, and expect to combine approaches. Deep ice-pick scarring improves least. Individual results vary with scar type and depth, skin type, age and how the skin heals.

Anyone offering to remove acne scars completely is overstating what these treatments do.

Judging your own result fairly

Photograph in identical side lighting before you start and at each review, without make-up.

Do not judge before six months. Collagen remodelling continues for six to twelve months after the last session.

Look at conversational distance , not in a magnifying mirror. Nobody else sees your skin at 10cm.

Expect unevenness. Different scar types in the same face respond differently - that is the nature of the problem, not a failed treatment.

Cost over time

Cost depends on which treatments, how many sessions and how large an area, and is quoted after assessment. As at September 2024 and including GST, a skin assessment is $50 and a consultation with a Cosmetic Doctor is $150. Dermal skin treatments start from $130.

Ask for the total for the whole plan , not a per-session figure, and ask what a filler top-up would cost in a year or two if filler forms part of it. Not covered by Medicare. We are not a no-gap provider.

What you should leave the consultation with

Which scar types you have and in what proportion

How much of what bothers you is pigment rather than contour

Which treatment addresses which type, and in what order

The number of sessions and the total cost of the plan

What degree of improvement is realistic for your scars specifically

Written risk information, including the pigment risk for your skin type

The sun protection requirement in writing

A number to call, and review dates out to twelve months

Risks

Redness, swelling, crusting and peeling - days to weeks depending on the treatment

Post-inflammatory hyper-pigmentation, notably more likely in darker skin types

Hypo-pigmentation, which can be permanent

Infection, including reactivation of cold sores after facial resurfacing

New or worsened scarring, particularly with aggressive treatment or keloid-prone skin

Skin thinning or dimpling after cortisone injection

Lumps, asymmetry or vascular complications after filler

Incomplete response

See risks and complications .

Expected, and not expected

Expected: redness, swelling, crusting and peeling for days to weeks depending on the treatment, and a period where the skin looks worse before it looks better.

Call us for increasing rather than settling pain, spreading redness or heat, pus, a fever, unexpected blistering, a cold sore outbreak in a treated area, or pigmentation darkening rather than settling.

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Common questions about acne scars

How do acne scars form?

Inflammation damages the dermis - either tissue is lost, leaving a depression, or too much collagen is laid down, leaving a raised scar.

Is acne scarring one problem?

No, and that is the most useful thing to know. Different scar types respond to different treatments, most people have more than one type, and a single treatment applied across a whole face gives uneven results.

What is an ice-pick scar?

A narrow, deep, sharply defined pit extending well into the dermis - the hardest type to treat with resurfacing alone, because the scar is deeper than the resurfacing reaches.

What is a boxcar scar?

A round or oval depression with sharp vertical edges and a flat base, wider than an ice-pick scar. Shallow ones respond well to resurfacing; deeper ones partially.

What is a rolling scar?

Broad, shallow undulations giving a wave-like surface, caused by fibrous bands tethering the skin to deeper tissue. Releasing the tether does more than resurfacing.

What are hypertrophic and keloid scars?

Raised scars - hypertrophic stay within the original lesion, keloids extend beyond it. More common on the chest, back, shoulders and jawline, and in darker skin. They need reduction rather than resurfacing.

Are flat dark marks scars?

Strictly no - that is post-inflammatory pigmentation. Much of it fades on its own over months, faster with sun protection.

How do I tell pigment from contour myself?

Use light from the side rather than the front. Side light throws shadows into anything with depth; a mark that looks identical under both lightings is colour, not contour.

Is there another test?

Run a fingertip over the area with your eyes closed - pits and raised scars are palpable, pigment is not. And stretch the skin gently: rolling scars flatten out because the problem is tethering underneath, while boxcar and ice-pick scars keep their edges.

Why do bathroom mirrors make it look worse?

Overhead downlights throw shadows into every depression. A front-lit selfie does the opposite and makes scarring nearly vanish.

Should I treat scars while I still have acne?

No. New scars form while old ones are being treated, and some resurfacing treatments are unsuitable on active acne.

I have recently taken oral acne medication. Does that matter?

Yes - say so. Resurfacing is usually deferred for a period afterwards because of healing risk.

Does my skin type change the approach?

Yes. Post-inflammatory hyper-pigmentation is notably more likely in darker skin, so treatments are typically more conservative and more numerous, and a test patch is reasonable to ask for.

What if I scar badly from cuts or piercings?

Say so before any treatment that wounds the skin. A history of raised scarring changes what is safe.

Which scars improve least?

Deep ice-pick scarring.

Will my scars go completely?

No. Acne scarring improves but does not disappear - a realistic outcome is a substantial reduction in how noticeable it is. Anyone offering to remove acne scars completely is overstating what these treatments do.

How long does treatment take?

A course over months, usually combining approaches.

When can I judge the result?

Not before six months. Collagen remodelling continues for six to twelve months after the last session.

How should I judge it?

Photograph in identical side lighting without make-up before and at each review, and look at conversational distance rather than in a magnifying mirror.

Is it normal for some areas to improve more than others?

Yes - different scar types in the same face respond differently. That is the nature of the problem, not a failed treatment.

What does it cost?

It depends on which treatments, how many sessions and how large an area, and is quoted after assessment. A skin assessment is $50 and a Cosmetic Doctor consultation $150, both including GST as at September 2024; dermal skin treatments start from $130.

What should I ask about cost?

The total for the whole plan rather than a per-session figure, and what a filler top-up would cost in a year or two if filler forms part of it.

What are the risks?

Redness, swelling, crusting and peeling; post-inflammatory hyper-pigmentation more likely in darker skin; hypo-pigmentation which can be permanent; infection including cold sore reactivation; new or worsened scarring particularly with aggressive treatment or keloid-prone skin; skin thinning or dimpling after cortisone; and lumps, asymmetry or vascular complications after filler.

When should I call us?

For increasing rather than settling pain, spreading redness or heat, pus, a fever, unexpected blistering, a cold sore outbreak in a treated area, or pigmentation darkening rather than settling.

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.