Acne Treatment Melbourne - Me Clinic

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

Details:

Acne is the most common skin condition in the world. It is a medical condition, not a hygiene failure and not something people bring on themselves, and it is treatable.

Most people arriving at a clinic for acne have already tried several things that did not work. Usually the reason is that the treatment addressed one part of the problem while leaving the others running.

How acne actually forms

Four things happen together in an affected follicle:

Excess oil. The sebaceous gland produces more sebum, largely under hormonal influence.

Blocked follicle. Dead skin cells fail to shed normally and plug the opening of the follicle. The plug is what you see as a blackhead or whitehead.

Bacterial overgrowth. Cutibacterium acnes , normally present on skin, multiplies in the blocked, oil-rich follicle.

Inflammation. The follicle wall ruptures, releasing its contents into the surrounding dermis. The immune response to that is the redness, swelling and pus of an inflamed pimple.

A treatment that addresses only one of these four — an antibacterial wash, say, with nothing done about follicular blockage or oil production — commonly disappoints. Effective plans usually combine measures.

Which kind of acne you have decides the treatment

“Acne” covers several patterns that look different, behave differently and need different plans. Find the row that matches what is actually on your skin.

Type	What you see	Usually responds to
Comedonal	Blackheads and whiteheads, bumpy texture, little redness. Often forehead, nose, chin.	Follicular unblocking — retinoids, salicylic acid, peels, microdermabrasion. Antibacterials do little here.
Inflammatory	Red papules and pustules, sore to touch.	Combination — unblocking plus antibacterial plus anti-inflammatory measures.
Nodulocystic	Deep, painful lumps under the skin that last weeks and often leave scars.	Prescription medical treatment, usually promptly, because this is the scarring type. In-clinic skin treatments alone are not enough.
Adult hormonal	Jawline, chin and neck; flares with the cycle; often deep and tender rather than surface.	Addressing the hormonal driver as well as the skin. Surface treatment alone underperforms.

Acne mechanica	Breakouts exactly where something rubs or presses — a mask line, helmet strap, headband, phone, backpack.	Removing the friction, which is often the whole treatment.

People routinely have more than one type at once, and the plan has to cover each of them. A single product aimed at one row is the commonest reason a reasonable-looking routine fails.

What drives it

Hormones — androgens increase oil production. This is why acne is common in adolescence, around the menstrual cycle, in pregnancy, in polycystic ovary syndrome and on some medications.

Genetics — a strong family pattern.

Medications — some make acne worse; tell your practitioner everything you take.

Occlusive products — heavy cosmetics, hair products and some sunscreens.

Friction and pressure — helmets, straps, masks, phone screens.

Stress , which reliably worsens existing acne.

Diet plays a role for some people, particularly high-glycaemic-load foods and, in some studies, dairy — but it is not the main driver for most, and blaming diet has probably caused more unnecessary guilt than improvement.

Why squeezing makes it worse

Worth explaining rather than just instructing, because “don’t pick” on its own has never persuaded anybody.

An inflamed spot is a follicle whose wall has already ruptured, or is about to. The contents — oil, dead cells, bacteria — are sitting under pressure inside a weakened sac. Squeezing does not reliably push that material out through the opening. It pushes it sideways and downwards through the weakest part of the wall, into the surrounding dermis , where the immune system has to deal with it.

The practical result is that a lesion which would have settled in three or four days becomes one that lasts two or three weeks, sits deeper, leaves a darker mark, and is far more likely to scar. The inflammation you can see afterwards is not the original spot — it is the reaction to what was pushed into the tissue.

The same logic applies to needles, extractors and pore vacuums used at home. If a lesion genuinely needs to be opened, that is a procedure in a clinic, and a single painful cyst before an event can be settled with a cortisone injection in a minute or two.

What acne is not

Not caused by being unclean. Over-washing and scrubbing make acne worse, not better.

Not only a teenage condition. Adult acne, particularly in women along the jawline and chin, is common.

Not something to be embarrassed about at a consultation — we see it constantly.

Assessment

Consultation establishes the type of acne (comedonal, inflammatory, nodular or cystic), its severity, its distribution, how long it has been present, what you have already tried, whether it is scarring, and

whether there is a hormonal driver worth investigating.

Two things change the plan considerably: scarring , which makes earlier, more decisive treatment the right call, and nodulocystic acne , which usually needs prescription medical treatment rather than in-clinic skin treatments alone.

Bring what you have already used , including the failures. Knowing that you used a retinoid for three weeks and stopped because your skin flaked is more useful than any description of your skin, because it tells us what happened rather than what was prescribed.

How it goes, step by step

Assessment — skin assessment $50, or a Cosmetic Doctor consultation $150 where medication may be involved. Type, severity, distribution, drivers, and whether it is scarring.

Baseline photographs. Acne improves slowly and in a way that is hard to see day to day; the photographs are how you will know.

A written plan naming which of the four mechanisms each part of it addresses, and in what order things are introduced.

Introduction one thing at a time , so that if something irritates you, you know what caused it.

Six to twelve weeks before the plan is judged — with a scheduled point at which that judgement happens.

Review and adjust , rather than starting again from nothing.

Maintenance , because acne is usually controlled rather than cured.

Scarring addressed afterwards , once the acne is settled — not during.

Treatments used at Me Clinic

Chemical peels — salicylic and other acids to clear follicular blockage

LED therapy — blue light targets acne bacteria; red light reduces inflammation

Photodynamic therapy and IPL and Laser Genesis — for inflammatory acne and associated redness

Microdermabrasion and epidermal levelling

Cortisone injections — to settle an individual inflamed cyst quickly

Cosmeceutical skincare , including retinoids and appropriate cleansers

Mineral make-up — non-comedogenic cover while treatment takes effect

Prescription treatment

Moderate and severe acne often needs prescription medication. Those are prescription-only medicines, so Australian law prevents us naming or promoting them in advertising to the public. They require a consultation with a doctor, who will assess whether they are appropriate, explain the risks and monitoring involved, and refer on where specialist management is needed.

Timeframes

Acne treatment is slow. Most regimens take six to twelve weeks before a fair judgement can be made, and some cause an initial worsening before improvement. Stopping at four weeks because nothing has happened is the most common reason a workable plan gets abandoned.

Acne is also usually controlled rather than cured: maintenance treatment is normal, and stopping often means relapse.

A purge, versus something actually going wrong

An initial flare when starting a treatment that speeds up follicular turnover is real and expected — congestion that was already forming under the surface is brought up faster. But “it is just purging” is also used to talk people through reactions that are not purging at all, so the distinction is worth having:

A purge appears where you normally break out , looks like your usual spots, comes up in the first two to four weeks, and is settling by about eight weeks.

A reaction appears where you do not normally break out , or looks different — itchy, stinging, a rash rather than spots, swelling, small bumps spreading beyond the area — or is still worsening past eight weeks.

If it looks like the second list, stop and ring rather than persevering. Pushing through a genuine reaction costs weeks and can leave marks that take months.

Who this looks different for

Teenagers

Usually a mix of comedonal and inflammatory acne driven by the hormonal changes of adolescence. The two things that matter most are starting early enough to prevent scarring, and building a routine simple enough to actually be followed — a six-step regimen prescribed to a fifteen-year-old is a six-step regimen that stops in a fortnight.

Adult women with jawline and chin acne

The pattern most often treated as if it were teenage acne, and the one least likely to respond to that. Deep, tender lesions along the lower face that flare with the cycle point to a hormonal driver, and treating the surface alone underperforms. Worth investigating rather than working around, particularly with irregular cycles, excess hair growth or difficulty losing weight.

Darker skin types

The acne itself may be the smaller problem. Every inflamed lesion has a high chance of leaving a brown mark that lasts months, so the argument for treating decisively and early is stronger here, and so is the argument against anything that irritates. Gentler products used consistently beat strong ones used in bursts.

Back, chest and shoulders

Truncal acne is common, under-treated, and rarely mentioned unless asked about. The skin is thicker, the follicles larger, the area is hard to reach and hard to cover, and creams designed for a face are impractical over a back — washes, sprays and lotions exist for exactly this. Friction from backpacks, sports gear and sweaty clothing left on after exercise is a bigger factor here than on the face.

Masks, helmets and straps

Breakouts that follow the line of something you wear are acne mechanica, and no topical will outrun continuing friction. Clean or change what touches the skin, take breaks where you can, and treat the area gently rather than scrubbing it.

Pregnancy and breastfeeding

Several acne treatments are unsafe in pregnancy, including retinoids and some prescription medicines. Acne also often changes during pregnancy in either direction. Say so before anything is prescribed or dispensed, including if you are planning a pregnancy.

Anyone already scarring

This changes the urgency, not just the plan. Scars are permanent and active acne is not, so the right response to visible scarring is to treat the acne more decisively now rather than to wait and see.

What sits outside what we do here

There is no dermatologist on the Me Clinic team. Severe, resistant or atypical acne, and anything needing specialist medication and monitoring, is referred.

We do not treat acne scarring while acne is active. The acne is controlled first — resurfacing inflamed skin worsens both.

We do not needle or abrade inflamed acne. It spreads bacteria through the channels created.

We do not investigate or manage the underlying hormonal conditions. Where a driver such as polycystic ovary syndrome is suspected, that belongs with your GP or a specialist, and we will say so.

We do not sell courses of treatment upfront for a condition whose plan should change as it responds.

Scarring

Inflammatory acne can leave permanent scars, and the deeper and longer-lasting the inflammation, the higher that risk. Two practical consequences: treat active acne properly rather than waiting it out, and do not squeeze or pick lesions. See acne scars .

The dark marks left after a pimple settles are usually post-inflammatory pigmentation rather than true scars, and those generally fade over months — faster with sun protection.

Telling them apart at home: look at the area under a light coming from the side. A mark that looks the same under side light and flat light is pigment, and will fade on its own. A mark that only appears under side light has depth — it is a scar, and it will not. That distinction is worth making before paying for anything, because the two need entirely different treatment.

What you receive

An assessment naming the type and severity of your acne, not just “acne”

Baseline photographs in standard conditions

A written plan that says what each element is for and in what order to start things

A stated point at which the plan will be judged — usually six to twelve weeks

A clear statement of what is expected in the early weeks and what is not

A quote covering the plan and its maintenance, not a single treatment

A review at which the plan is adjusted rather than replaced

Risks

Dryness, peeling, redness and irritation from topical treatments

An initial flare before improvement

Increased sun sensitivity

Post-inflammatory pigmentation, more likely in darker skin types

Skin thinning, dimpling or pigment loss at a cortisone injection site

Blistering or burns from light-based treatment

Incomplete response, and relapse when treatment stops

Prescription medications carry their own risks, discussed at consultation

Tell your practitioner if you are pregnant, breastfeeding or planning a pregnancy — several acne treatments are unsafe in pregnancy. See risks of cosmetic treatments .

Cost

As at September 2024 and including GST, a skin assessment is $50 and a Cosmetic Doctor consultation is $150. Dermal skin treatments start from $130. A plan is quoted after assessment. Medical management of acne by a doctor may attract a Medicare rebate; in-clinic cosmetic treatments do not.

Because acne is managed over months and then maintained, ask for the cost of the first three months and the likely cost of a year — that is the figure that decides whether a plan is one you can actually finish. We are not a no-gap provider.

Booking

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

Related: acne scars , acne treatments , open pores , all skin conditions .

Common questions about acne

Is acne caused by poor hygiene?

No. It is a medical condition, not a hygiene failure, and over-washing and scrubbing make it worse rather than better.

What actually happens in the skin?

Four things together: excess oil under hormonal influence, a follicle blocked by dead skin cells, overgrowth of bacteria in that blocked oil-rich follicle, and inflammation when the follicle wall ruptures and its contents spill into the dermis.

Why did my last treatment not work?

Most commonly because it addressed one of those four while leaving the others running. An antibacterial wash with nothing done about blockage or oil production usually disappoints.

Are there different kinds of acne?

Yes — comedonal (blackheads and whiteheads, little redness), inflammatory (red sore papules and pustules), nodulocystic (deep painful lumps that scar), adult hormonal (jawline and chin, flaring with the cycle) and acne mechanica (wherever something rubs). Most people have more than one at once.

Does the type change the treatment?

Considerably. Comedonal acne needs follicular unblocking and barely responds to antibacterials; nodulocystic acne usually needs prescription treatment promptly; hormonal acne underperforms if only the surface is treated.

Why should I not squeeze a spot?

Because the follicle wall is already weakened, and squeezing pushes the contents sideways and downwards into the surrounding dermis rather than out through the opening. A lesion that would have settled in three days becomes one that lasts three weeks, sits deeper, marks more and is far more likely to scar.

What about extractors and pore vacuums at home?

Same problem. If a lesion genuinely needs opening, that is a procedure in a clinic — and a single painful cyst before an event can be settled with a cortisone injection in a minute or two.

Is acne only a teenage problem?

No. Adult acne is common, particularly in women along the jawline and chin.

What drives acne?

Hormones, genetics, some medications, occlusive cosmetics and hair products, friction and pressure, and stress.

Does diet cause acne?

It plays a role for some people, particularly high-glycaemic-load foods and in some studies dairy, but it is not the main driver for most — and blaming diet has probably caused more unnecessary guilt than improvement.

How long before I can judge a treatment?

Six to twelve weeks. Stopping at four weeks because nothing has happened is the most common reason a workable plan gets abandoned.

Is it normal to get worse before better?

With treatments that speed up follicular turnover, yes — congestion already forming underneath is brought up faster.

How do I tell a purge from a bad reaction?

A purge appears where you normally break out, looks like your usual spots, comes up in the first two to four weeks and is settling by about eight. A reaction appears where you do not normally break out, or is itchy, stinging, rash-like or spreading, or is still worsening past eight weeks.

What should I do if it looks like a reaction?

Stop and ring rather than persevering. Pushing through a genuine reaction costs weeks and can leave marks that take months.

Will my acne be cured?

Usually controlled rather than cured. Maintenance treatment is normal, and stopping often means relapse.

What should I bring to the consultation?

What you have already used, including the failures. Knowing you used a retinoid for three weeks and stopped because your skin flaked is more useful than any description of your skin.

Is adult jawline acne treated differently?

Usually. Deep tender lesions along the lower face that flare with the cycle point to a hormonal driver, and treating the surface alone underperforms. Worth investigating rather than working around, particularly with irregular cycles or other hormonal symptoms.

Why does acne matter more on darker skin?

Because every inflamed lesion has a high chance of leaving a brown mark that lasts months. The case for treating decisively and early is stronger, and so is the case against anything that irritates.

What about acne on my back and chest?

Common, under-treated and rarely mentioned unless asked about. The skin is thicker, the area is hard to reach and cover, and washes, sprays and lotions exist for exactly this. Friction from backpacks, sports gear and sweaty clothing left on after exercise matters more here than on the face.

Why do I break out along my mask or helmet line?

That is acne mechanica — friction and pressure. No topical will outrun continuing friction, so the fix is changing or cleaning what touches the skin and treating the area gently rather than scrubbing.

Can I be treated while pregnant?

Several acne treatments are unsafe in pregnancy, including retinoids and some prescription medicines. Say so before anything is prescribed — including if you are planning a pregnancy.

Does scarring change the plan?

It changes the urgency. Scars are permanent and active acne is not, so visible scarring is a reason to treat more decisively now rather than wait and see.

Are the dark marks left afterwards scars?

Usually not. They are generally post-inflammatory pigmentation, which fades over months — faster with sun protection.

How can I tell a mark from a scar?

Look at the area under a light coming from the side. A mark that looks the same under side light and flat light is pigment and will fade. A mark that only appears under side light has depth — it is a scar, and it will not.

Can my scarring be treated at the same time as my acne?

No. The acne is controlled first — resurfacing inflamed skin worsens both.

Is there a dermatologist here?

No. Severe, resistant or atypical acne, and anything needing specialist medication and monitoring, is referred.

Why are prescription medicines not named on this page?

Because Australian law prevents naming or promoting prescription-only medicines in advertising to the public. They require a doctor’s consultation.

What are the risks of treatment?

Dryness, peeling, redness and irritation from topicals; an initial flare; increased sun sensitivity; post-inflammatory pigmentation, more likely in darker skin; skin thinning, dimpling or pigment loss at a cortisone injection site; blistering or burns from light-based treatment; incomplete response and relapse when treatment stops; and the specific risks of any prescription medication.

What does it cost?

A skin assessment is $50 and a Cosmetic Doctor consultation $150 as at September 2024, including GST, with dermal skin treatments from $130 and a plan quoted after assessment. Ask for the cost of the first three months and the likely cost of a year. Medical management by a doctor may attract a Medicare rebate; in-clinic cosmetic treatments do not.

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.