Capillaries and Skin Redness Treatment Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-conditions/capillaries-and-skin-redness/

Details:

Capillaries are the smallest blood vessels in the body, normally invisible. When they dilate or increase in number near the skin surface, the area looks red, flushed or blotchy, and individual vessels can become visible as fine red lines.

This is extremely common, particularly on the cheeks, around the nose and across the chest, and it is not harmful. People treat it because of appearance.

Diffuse redness versus individual vessels

These are different problems and respond to different devices:

Diffuse redness - a general flush across an area, with no single vessel standing out. Treated with broad light-based treatments across the whole area, in a course.

Discrete vessels (telangiectasia) - individual visible red or purple lines. Treated vessel by vessel with a targeted laser.

Most people have some of each, which is why plans often combine the two. See also facial veins and spider veins .

Who this is for

You have persistent redness or blotchiness rather than an occasional blush

It is on the face, neck or chest

You have had it looked at, or it has been stable and unremarkable for a long time

You accept that this is managed rather than cured

Who it is not for, or not yet

Anyone whose redness came on suddenly , or with a rash, scaling, itch, blistering or systemic symptoms. That needs a diagnosis first, not a laser.

Anyone on a photosensitising medication until it has been reviewed - several common ones change what is safe.

Anyone who has recently been in the sun on the area, or is tanned.

Anyone with active, untreated rosacea - the inflammation needs managing alongside, or the redness returns quickly.

Anyone applying a topical steroid to the face long-term - that is part of the cause, and stopping it needs medical advice rather than a treatment on top.

What causes it

Sun damage - cumulative UV weakens vessel walls and the supporting collagen around them

Genetics and fair skin

Rosacea - redness is its central feature

Repeated flushing - heat, alcohol, spicy food, exercise, extremes of temperature

Hormonal factors, including pregnancy and hormone therapy

Ageing and thinning of the skin, which makes vessels more visible

Trauma to the area

Long-term use of topical steroids on the face , which thins skin and worsens redness

What sits outside this treatment

The tendency itself. Treatment clears vessels; it does not change genetics or reverse accumulated sun damage.

Rosacea's inflammatory component - the papules, pustules and flare pattern, which need their own management.

Flushing. Treating visible vessels does not stop you flushing, and flushing is what produces more of them.

Redness from an active skin condition - dermatitis, an allergic reaction, a drug reaction. Those are diagnoses, not targets.

Port wine stains - see birthmarks .

Assessment first

Consultation establishes whether the redness is simple vascular change, rosacea, a photosensitivity reaction (some medications cause this), or something else. That matters because the treatments differ, and because treating rosacea as if it were plain capillary damage misses the inflammatory part of the problem.

Skin type also matters: light-based treatment in darker skin carries a higher risk of pigment change, so device and settings are chosen accordingly.

What to bring

Photographs of it at its worst , because redness varies enormously through the day and you may arrive on a good one.

Every product you apply to the area , including anything bought online.

Every medication and supplement , since several cause photosensitivity.

How long you have had it, and whether it is spreading or changing.

Whether it stings or burns , which points towards a barrier or inflammatory problem rather than simple vessel change.

Treatments

Nd:YAG laser - absorbed by haemoglobin; the usual choice for individual visible vessels, which can often be closed in one or two passes

Laser Genesis - gently heats the upper dermis, reducing diffuse redness and stimulating collagen; typically a course

IPL - broad-spectrum light for diffuse redness and associated pigment

Cosmeceutical skincare - barrier support and antioxidants; niacinamide and similar ingredients help calm reactive skin

Daily broad-spectrum sun protection - the single most useful long-term measure

Mineral make-up - green-toned products neutralise red, and provide physical sun protection

See laser treatments for more on the devices.

The process, start to finish

Consultation and assessment - what the redness actually is, your skin type, and your medication list.

Barrier repair first, where the skin is reactive. Treating over a damaged barrier gives a worse result and a more uncomfortable recovery. This step is often several weeks of doing less, not more.

A plan and a quote naming the device, the number of sessions and the total.

A course of treatments , typically three to six for diffuse redness, spaced as advised.

Review , with an honest assessment of what has cleared.

Maintenance , commonly annually, alongside sun protection and trigger management.

What to expect at a session

Sessions typically take 20 to 45 minutes depending on the area. Most people describe the sensation as a flick or a hot pinprick. Expect redness and mild swelling afterwards for a few hours to a couple of days. Treated vessels may darken before clearing over one to two weeks.

Avoid sun before and after treatment, avoid hot showers, saunas and vigorous exercise for a day or two, and use sun protection throughout.

Doing less is often the first step

Reactive, red skin is frequently skin whose barrier has been damaged by treating it - scrubs, acids, strong actives, hot water, too many products layered together. The result looks like a vascular problem and behaves like one, but it responds to simplification rather than to more intervention.

If your skin stings when you apply things, feels tight, or has become more reactive over recent months, the first thing worth trying is a gentle cleanser, a plain moisturiser, sunscreen, and nothing else for a few weeks. A meaningful number of people need no further treatment after that, and everyone else gets a better result from laser once the barrier is intact.

Managing triggers

Flushing produces new vessels, so trigger management is not a soft alternative to treatment - it is what determines how long the treatment holds.

Keep a two-week note of what preceded each flush. Most people find two or three specific triggers rather than a general sensitivity.

The usual suspects: heat, hot drinks, alcohol, spicy food, vigorous exercise, sudden temperature change, stress.

You do not have to eliminate everything. Reducing the two that account for most of your flushing is realistic; a joyless life is not, and is not required.

Sun protection daily , including the days you are not going anywhere.

What results are realistic

Individual visible vessels usually clear well, often after one or two sessions. Diffuse redness generally reduces over a course of three to six treatments.

New vessels form over time. This is the honest limitation: treatment addresses the vessels that are there, not the tendency to develop them. Maintenance sessions, commonly annually, are normal. Sun protection and managing flushing triggers slow the rate at which new vessels appear.

Individual results vary with skin type, the cause and the extent of the redness.

Risks

Redness and swelling after treatment

Bruising or purpura, which can last a week or more with some settings

Blistering and crusting

Changes in pigmentation - lighter or darker - which can persist, and are more likely in darker skin

Scarring, uncommon but possible

Infection

Flare of underlying rosacea

Incomplete clearance; recurrence and new vessels over time

Increased sun sensitivity after treatment

See risks and complications .

Expected, and not expected

Expected: redness and mild swelling for a few hours to a couple of days, treated vessels darkening before clearing over one to two weeks, and a temporary increase in sun sensitivity.

Call us for blistering, crusting that does not settle, spreading redness or heat, pus, a wound that does not heal, or a pigmented mark still present after several weeks.

Cost

Cost depends on the device and the area treated, and is quoted at consultation. 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 annual cost. This is a managed condition, not a cured one, and a course price tells you less than what a typical year looks like once the initial clearance is done. Not covered by Medicare. We are not a no-gap provider.

What you should leave the consultation with

What your redness actually is - vascular change, rosacea, photosensitivity or something else

Whether barrier repair should come before any device treatment

Which device is proposed and why, for your skin type

The number of sessions, the total cost, and the likely annual maintenance cost

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

What to avoid before and after

A number to call, and a review date

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 capillaries and skin redness

What are broken capillaries?

Capillaries are the smallest blood vessels, normally invisible. When they dilate or increase in number near the surface, the area looks red, flushed or blotchy, and individual vessels can become visible as fine red lines.

Is it harmful?

No. It is extremely common, particularly on the cheeks, around the nose and across the chest. People treat it because of appearance.

What is the difference between diffuse redness and discrete vessels?

Diffuse redness is a general flush with no single vessel standing out, treated with broad light-based treatments across the area in a course. Discrete vessels are individual visible lines, treated vessel by vessel with a targeted laser. Most people have some of each.

What causes it?

Sun damage, genetics and fair skin, rosacea, repeated flushing, hormonal factors, ageing and thinning skin, trauma, and long-term use of topical steroids on the face.

When should I get a diagnosis before treatment?

If the redness came on suddenly, or comes with a rash, scaling, itch, blistering or systemic symptoms. That needs diagnosing, not lasering.

Why does assessment matter so much?

Because the redness may be simple vascular change, rosacea, a photosensitivity reaction to a medication, or something else - and treating rosacea as if it were plain capillary damage misses the inflammatory part of the problem.

What should I bring to the appointment?

Photographs of it at its worst, since redness varies through the day; every product you apply; every medication and supplement; how long you have had it and whether it is changing; and whether it stings or burns.

Why does stinging matter?

It points towards a barrier or inflammatory problem rather than simple vessel change, which changes what should be done first.

Could my skincare be causing this?

Frequently, yes. Reactive red skin is often skin whose barrier has been damaged by scrubs, acids, strong actives, hot water or too many layered products. It looks and behaves like a vascular problem but responds to simplification.

What should I try first, then?

A gentle cleanser, a plain moisturiser, sunscreen, and nothing else for a few weeks. Some people need nothing further, and everyone else gets a better laser result once the barrier is intact.

Which treatments are used?

Nd:YAG for individual vessels, Laser Genesis for diffuse redness, IPL where redness and pigment coexist, plus cosmeceutical skincare for barrier support, daily sun protection, and green-toned mineral make-up.

How long is a session, and does it hurt?

Twenty to 45 minutes depending on the area, and most people describe a flick or a hot pinprick.

How many sessions?

Individual vessels often clear in one or two. Diffuse redness generally reduces over three to six.

What aftercare is needed?

Avoid sun before and after, avoid hot showers, saunas and vigorous exercise for a day or two, and use sun protection throughout.

Will it come back?

New vessels form over time. Treatment addresses the vessels that are there, not the tendency to develop them, so maintenance sessions - commonly annually - are normal.

What slows that down?

Sun protection and managing flushing triggers.

How do I work out my triggers?

Keep a two-week note of what preceded each flush. Most people find two or three specific triggers - commonly heat, hot drinks, alcohol, spicy food, vigorous exercise, sudden temperature change or stress - rather than a general sensitivity.

Do I have to give all of them up?

No. Reducing the two that account for most of your flushing is realistic; a joyless life is not, and is not required.

Does my skin type change the risk?

Yes - light-based treatment in darker skin carries a higher risk of pigment change, so device and settings are chosen accordingly.

What are the risks?

Redness and swelling, bruising or purpura lasting a week or more with some settings, blistering and crusting, pigment change that can persist, scarring which is uncommon, infection, flare of underlying rosacea, incomplete clearance and recurrence, and increased sun sensitivity afterwards.

When should I call us?

For blistering, crusting that does not settle, spreading redness or heat, pus, a wound that does not heal, or a pigmented mark still present after several weeks.

What does it cost?

It depends on the device and area, and is quoted at consultation. A skin assessment is $50 and a Cosmetic Doctor consultation $150, both including GST as at September 2024; dermal skin treatments start from $130.

Which figure should I actually ask for?

The annual cost. This is a managed condition rather than a cured one, so a course price tells you less than what a typical year looks like.

Is it covered by Medicare?

No. We are not a no-gap provider.

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.