Freckle Treatment Melbourne - Me Clinic

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

Details:

Freckles are small, flat, round spots caused by uneven distribution of melanin in the skin. They usually appear in clusters, are all much the same colour as each other, and sit on sun-exposed areas — face, neck, arms, shoulders and the backs of the hands.

They are most common in people with fairer complexions and in those with a genetic predisposition, and they typically first appear in childhood. Freckles darken after sun exposure and often fade over winter.

Freckles are benign. There is nothing medically wrong with having them, and plenty of people have no interest in removing them. This page is for those who want them reduced.

The thing worth knowing even if you never treat them

Freckles are harmless in themselves. But freckling is a marker of how your skin responds to ultraviolet light , and that makes it worth more than a cosmetic paragraph.

A freckle is melanin produced in response to UV by skin that does not tan evenly. Skin that freckles instead of tanning is skin with less effective natural protection — which is why freckling travels with the same profile as fair skin, light eyes, and a tendency to burn, and why people who freckle readily carry a higher lifetime risk of skin cancer than people who do not.

That is not a reason for alarm, and it is not a reason to treat them. It is a reason for two things:

Daily sun protection is a genuinely different proposition for you than for someone who tans. It is doing more work, and skipping it costs more.

A periodic skin check is worth having , and worth having regardless of whether you ever do anything about the freckles themselves. If you are reading this page, you are statistically in the group for whom that matters.

Childhood exposure carries particular weight. Freckles that appeared before you were ten are largely a record of the sun you had before you had any say in it — and severe sunburn in childhood is among the strongest known predictors of melanoma later. You cannot undo that history. You can decide what the next forty years look like, and it is the single most valuable thing on this page.

Two different things both called freckles

They behave differently, respond differently, and mean different things.

	Ephelides — true freckles	Solar lentigines — age spots
When they appear	Childhood, often before ten	Adulthood, usually after about forty
Size and edge	Small, a few millimetres, fairly uniform	Larger, often a centimetre or more, well-defined
Through the year	Darken in summer, fade in winter	Do not fade

Driven by	Genetics plus sun	Cumulative sun exposure
Where the pigment sits	Superficial — which is why they respond well	Superficial, but more established
Read	This page	Age spots

The seasonal test is the useful one. If your spots visibly fade each winter and return each summer, they are behaving like true freckles — superficial, sun-driven, and responsive. If they stay exactly the same in August as in February, they are not freckles, whatever you have always called them, and the age spots page is the one that applies.

That distinction also predicts your result: freckles are among the most responsive pigmentation there is, and they are also among the most likely to return.

When a brown spot is not a freckle

This is the part worth reading carefully. Several other things look like freckles:

Solar lentigines (age spots) — larger, usually appear after 40, do not fade in winter

Seborrhoeic keratoses — raised, waxy, stuck-on in appearance

Melasma — larger patches rather than discrete spots

Lentigo maligna — an early form of melanoma that can present as a slowly enlarging flat brown patch on sun-damaged skin, most often on the face of an older person

The last one is why we examine pigmented spots before treating them. A spot that is larger than your other freckles, a different colour from them, irregular in border, changing, or new in adulthood is assessed rather than lasered — because laser destroys the tissue and leaves nothing for pathology. See skin cancers and mole removal .

Having many freckles makes this harder rather than easier, which is exactly why it matters: on a face with a hundred small brown marks, the one that is different is easier to overlook. Your own pattern is the baseline. The odd one out is the one to bring in.

Is treatment right for you?

Worth being honest with yourself before booking anything.

Freckles are not a medical problem. Treating them is a preference, and choosing not to is not a failure to act.

The genetics do not change. If you are freckle-prone, you will stay freckle-prone, and treatment manages appearance rather than removing the tendency.

Your sun habits decide the outcome more than the device does. If daily sun protection is not something you will sustain, a course of treatment is money spent on a result that will not hold.

Darker skin types carry higher risk of post-inflammatory pigmentation from light-based treatment, so the risk-benefit balance shifts and the conversation should reflect that.

Who this looks different for

Red or fair hair, light eyes, skin that burns rather than tans. The classic freckling profile. Freckles respond well, and the sun protection conversation matters more for you than for almost anyone else reading this site.

Children and teenagers. Freckles are not treated in children. They are benign, they often change through adolescence, and there is nothing to be gained from treating a face that is still developing. Sun protection, and time.

Anyone who spends summers outdoors. Treating freckles in November and going to the beach in December is spending money to undo it. Winter and early spring are the sensible window — less UV, more time for the result to settle before it is tested.

Darker skin types with freckling. Less common, and the risk calculation changes: the treatment can leave a mark more conspicuous than the freckle was. Gentler, slower, weighted toward topicals.

Pregnancy. Pigment behaves unpredictably and several treatments are unsuitable. Usually a case for waiting.

People who like their freckles. A real group, and a large one. This page exists for the other group, and saying so is not a sales failure.

Treatments used for freckles

Laser and light — Nd:YAG, erbium, Fraxel, CO2 and IPL are all used, chosen by skin type and the depth and density of pigment

Cryotherapy — for individual assessed lesions

Chemical peels

Depigmenting lotion treatments

Cosmeceutical skincare , including retinoids and antioxidants

Microdermabrasion and epidermal levelling

Skin needling

Some topical treatments used for pigmentation are prescription-only and require a doctor’s consultation.

How the options differ

They are not interchangeable, and the list above is not a menu to pick from by price.

Laser and light target the pigment directly and act fastest on discrete spots, but carry the highest risk of pigment change, and device choice depends on your skin type.

Cryotherapy treats one assessed lesion at a time rather than a field, so it suits a few individual spots rather than widespread freckling.

Peels, microdermabrasion and epidermal levelling work on the surface across a whole area, giving a more even but more gradual change.

Topicals and cosmeceuticals are the slowest and the least risky, and they are also the part that keeps working between appointments.

Mineral make-up alters nothing and carries no risk at all.

Which is appropriate depends on your skin type, how dense the freckling is, and how much downtime you can take.

One practical point about density: treating scattered freckles selectively can produce a patchier face than leaving them alone , because a few cleared spots on a freckled background read as unevenness. Where freckling is dense, treating the whole field usually gives a better result than picking off individual spots — and that is a different plan, at a different cost.

How a course of treatment runs

Skin assessment — including your skin type, and examination of any spot that does not match the others.

A treatment plan and written quote covering the course, not one session.

A test patch where the device and your skin type make it appropriate.

The course — most people need more than one session, spaced weeks apart.

A home routine alongside, including daily sun protection, which is what makes the result last.

Review , and a decision about maintenance.

Bring a list of everything you use on your skin and everything you take, and mention recent sun exposure or a holiday coming up.

What sits outside this

We do not laser, freeze or burn an unexamined pigmented spot.

We do not treat freckles in children.

We do not provide full-body mole mapping. Dedicated skin cancer clinics do — and a heavily freckled, fair-skinned profile is exactly the one that benefits from it.

We do not promise permanent removal. Freckles are driven by genetics and UV, and neither is changed by treatment.

We do not treat skin that has a recent tan , whether from the sun or a bottle. The appointment is moved.

What results are realistic

Freckles usually lighten rather than disappear , and they commonly come back with sun exposure. Because freckles are driven by UV and genetics, and the genetics do not change, sun protection is what determines whether a result lasts.

Most people need more than one session. Individual results vary with skin type, the density of freckling and sun habits.

If you would rather not treat them at all, mineral make-up gives cover and physical sun protection without altering the skin. That is a legitimate choice, not a lesser one.

Keeping the result

This is the part that actually decides the outcome, and it costs almost nothing.

Broad-spectrum SPF 30 or higher, daily — not only on beach days. Freckles darken with any UV exposure, including through a car window.

A hat, sunglasses and shade , and no solariums.

More care immediately after treatment , because treated skin is more sun-sensitive and pigments unpredictably.

Consistency over intensity in a home routine — daily use of a modest product beats occasional use of a strong one.

Time it for the cooler months , so the result has a season to settle before summer tests it.

What you should leave with

A written treatment plan for the whole course, and a quote for it

A record of the device and settings used on you

Written aftercare instructions, including sun protection

A realistic statement of what improvement to expect and by when

Confirmation that any atypical spot was examined, and what was decided about it

Baseline photographs, which on a freckled face are worth more than on any other — they are what lets a new or changing spot be identified later

Aftercare: what is expected and what is not

Redness, mild swelling and crusting over treated spots are usual after light-based treatment, and settle over days. The spots often darken before they lighten — that is expected, not a bad sign.

Contact us promptly for blistering, increasing pain, spreading redness, or any sign of infection.

Pigment changes can appear weeks later rather than on the day, and are more likely in darker skin types. New or worsening pigmentation after treatment is worth a call rather than a wait.

Risks

Redness, swelling and crusting after treatment

Blistering

Hypo-pigmentation — lighter patches where freckles were, which can be permanent and can look more conspicuous than the freckles did

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

Scarring

Infection

Incomplete clearing and recurrence

Increased sun sensitivity after treatment

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. Treatment is quoted after assessment and is not covered by Medicare.

Because results need more than one session and then maintenance, ask what the full course costs and what holding the result costs each year, rather than comparing single-session prices. 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: hyper-pigmentation , age spots , sun damage , all skin conditions .

Common questions about freckles

What are freckles?

Small, flat, round spots caused by uneven distribution of melanin. They appear in clusters, are much the same colour as each other, and sit on sun-exposed areas.

Are they harmful?

No. Freckles are benign, and there is nothing medically wrong with having them.

Then why does this page talk about skin cancer risk?

Because freckling is a marker of how your skin responds to UV. Skin that freckles instead of tanning has less effective natural protection, and people who freckle readily carry a higher lifetime risk of skin cancer.

What should I do about that?

Two things: take daily sun protection more seriously than someone who tans needs to, and have a periodic skin check — regardless of whether you ever treat the freckles.

Does childhood sun matter?

Considerably. Freckles that appeared before you were ten are largely a record of sun you had before you had any say in it, and severe sunburn in childhood is among the strongest known predictors of melanoma later.

Can I undo that?

No. What you can decide is what the next forty years look like, and that is the most valuable thing on this page.

What is the difference between freckles and age spots?

True freckles appear in childhood, are small and fairly uniform, and darken in summer and fade in winter. Age spots appear after about forty, are larger and well-defined, and do not fade.

How can I tell which I have?

The seasonal test. If your spots visibly fade each winter and return each summer, they are behaving like true freckles. If they look the same in August as in February, they are not freckles whatever you have always called them.

Does that predict my result?

Yes. Freckles are among the most responsive pigmentation there is — and among the most likely to return.

What else can look like a freckle?

Solar lentigines, seborrhoeic keratoses, melasma, and lentigo maligna — an early melanoma that can present as a slowly enlarging flat brown patch on sun-damaged skin.

Which spot should I have looked at?

Any that is larger than your other freckles, a different colour from them, irregular in border, changing, or new in adulthood. Your own pattern is the baseline; the odd one out is the one to bring in.

Does having lots of freckles make that harder?

Yes — on a face with a hundred small brown marks, the one that is different is easier to overlook. That is exactly why it matters, and why baseline photographs are worth more on a freckled face than on any other.

Why can an unexamined spot not just be lasered?

Because laser destroys the tissue and leaves nothing for pathology.

Will treatment remove my freckles permanently?

No. They usually lighten rather than disappear, and they commonly come back with sun exposure. The genetics do not change.

What decides whether the result lasts?

Your sun habits, far more than the device. If daily sun protection is not something you will sustain, a course is money spent on a result that will not hold.

When is the best time of year?

The cooler months. Treating freckles in November and going to the beach in December is spending money to undo it.

Should freckles be treated in children?

No. They are benign, they often change through adolescence, and there is nothing to be gained from treating a face that is still developing.

Which treatment works fastest?

Laser and light target the pigment directly and act fastest on discrete spots — but they carry the highest risk of pigment change, and the device depends on your skin type.

What is the gentlest option?

Topicals and cosmeceuticals are the slowest and least risky, and they are the part that keeps working between appointments. Mineral make-up alters nothing and carries no risk at all.

Should I treat individual spots or the whole area?

Where freckling is dense, treating selectively can leave a patchier face than leaving them alone, because a few cleared spots on a freckled background read as unevenness. Field treatment usually gives a better result, at a different cost.

Does darker skin change the plan?

Yes. The risk of post-inflammatory pigmentation from light-based treatment is higher, and the treatment can leave a mark more conspicuous than the freckle was. Gentler, slower, weighted toward topicals.

Can I have treatment while pregnant?

Pigment behaves unpredictably in pregnancy and several treatments are unsuitable. Usually a case for waiting.

Is choosing not to treat them a legitimate option?

Entirely. Plenty of people like their freckles, and this page exists for the people who do not. Mineral make-up gives cover and sun protection without altering the skin, and that is a real choice rather than a lesser one.

Is it normal for treated spots to darken first?

Yes — they often darken before they lighten and then flake away.

When should I call us?

For blistering, increasing pain, spreading redness or any sign of infection — and for new or worsening pigmentation weeks after treatment, which is worth a call rather than a wait.

What are the risks?

Redness, swelling and crusting; blistering; hypo-pigmentation, which can be permanent and can look more conspicuous than the freckles did; post-inflammatory hyper-pigmentation, more likely in darker skin; scarring; infection; incomplete clearing and recurrence; and increased sun sensitivity afterwards.

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 treatment quoted after assessment. Ask what the full course costs and what holding the result costs each year. 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.