Open Pore Treatment Melbourne - Me Clinic

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

Details:

Pores are the openings of hair follicles. Each follicle contains a hair shaft and an oil (sebaceous) gland, and the size of the opening is largely determined by the size of the gland and shaft it has to accommodate.

They occur all over the body but are most noticeable on the face — particularly the nose, cheeks and forehead — and on the neck.

Start here: pores do not open and close

This is the most useful thing on the page. Pores have no muscle. They cannot be opened by steam or closed by cold water, and no product shrinks them permanently.

What treatment can genuinely do is make pores less visible — by clearing the debris that stretches and darkens them, by reducing oil production, and by improving the firmness of the skin around them. That is a real and worthwhile change. It is not the same as removing them.

Anyone selling pore “closing” or “shrinking” is describing something that does not happen.

Before you treat anything, check the mirror you are using

More distress about pores is caused by magnification and lighting than by pores.

A pore is visible because light falls into the opening and creates a small shadow. That means how conspicuous your pores appear is almost entirely a function of how close you are, and where the light is coming from — two things that differ wildly between your bathroom and everywhere else you spend your life.

A magnifying mirror shows you something nobody else can see. At five or ten times magnification, at a distance of fifteen centimetres, every normal pore on a normal face is visible. It is not showing you a problem; it is showing you an enlargement. Almost nobody looks at you from that distance, and nobody at all looks at you through a lens.

Overhead light is the cruellest. A downlight directly above a bathroom mirror throws light into every opening from the worst possible angle. The same face beside a window looks markedly smoother, and neither image is a trick — they are both real, and one of them is the one other people see.

A phone camera held close exaggerates further , because bringing a lens close distorts and the flash lights the face flat and hard.

The honest test: stand facing a window in daylight, at arm’s length from an ordinary flat mirror, and look at your own face. That is what people actually see, and it is the image against which any treatment should be judged.

This is not an argument for doing nothing. It is an argument for knowing what you are treating, because a course of treatment judged in a magnifying mirror under a downlight will never look like it worked.

What makes pores look larger

Genetics — the single biggest factor, and not modifiable. Oily skin types have larger sebaceous glands and therefore larger pore openings.

Excess oil production , influenced by hormones

Blockage — a plug of dead skin and oil stretches the opening. Oxidised plugs look dark, which is what a blackhead is.

Sun damage — degrades the collagen that holds the pore wall taut, so openings widen. A major and under-recognised contributor. See sun damage .

Age — loss of collagen and elasticity has the same effect

Acne and repeated inflammation , which permanently stretches openings

Occlusive products — heavy cosmetics, some sunscreens, hair products along the hairline

Squeezing and picking , which stretches and inflames the opening

Three things people call “pores”

They look similar, they sit in the same places, and only one of them is a problem.

	What it is	What can be done
An open pore	The opening itself, enlarged by oil, blockage, sun damage or age	Made less conspicuous. Not removed.
A blackhead	A pore plugged with oil and dead cells, dark because the surface has oxidised on contact with air — not because it is dirty	Cleared, genuinely and visibly. Returns without maintenance.
Sebaceous filaments	The normal lining of an oil-producing pore. Small, uniform, grey rather than black, mostly on the nose and inner cheeks. Present on almost every adult face.	Reduced in appearance. Cannot be eliminated — they refill within days because they are meant to be there.

The practical value of this table is the last row. Most people attacking their nose are attacking sebaceous filaments, which is a fight nobody wins, and the collateral damage — irritation, stripped barrier, more oil in response — makes the area look worse over time than leaving it alone would have.

Why the nose is always the worst

Pores are not distributed evenly. The density of sebaceous glands is highest across the nose and the central face, lower on the cheeks and lower again on the forehead edges and jaw — which is why almost everyone’s nose looks more porous than the rest of their face, at every age and on every skin type.

Area	Usually
Nose	The highest gland density on the body. Always the most visible, and the least improvable.
Inner cheeks beside the nose	Second most affected; the area where enlarged pores most often bother people.

Forehead and chin	Oily but the openings are usually smaller; congestion here responds well.
Outer cheeks	Where enlarged pores most often indicate sun damage or acne history rather than oil.

If your pores are enlarged on the outer cheeks rather than the central face, the driver is more likely collagen loss than oil, and the treatment that helps is different — needling and resurfacing rather than unblocking.

Is treatment right for you?

If you want them gone, no. The realistic goal is less conspicuous, and a plan sold on any other basis will disappoint you.

Genetics is the biggest driver and cannot be changed , so an oily skin type will always have more visible pores than a dry one, treated or not.

The routine matters more than the appointment. If you will not sustain a daily regimen, in-clinic sessions are the expensive half of a plan that will not hold.

If acne is active , treating that comes first — repeated inflammation is what permanently stretches openings.

Who this looks different for

Oily skin in the teens and twenties. Congestion is the driver, and it is the most responsive kind. Unblocking treatments make a visible difference quickly; collagen work is not the priority yet.

Sun-damaged skin from the forties on. Openings widen because the collagen holding them taut has degraded. Unblocking does little here; collagen stimulation and sun protection do the work, and they work slowly.

After years of acne. Repeated inflammation permanently stretches openings, and some of what looks like enlarged pores is actually small scarring. Worth distinguishing, because scarring needs a different treatment. See acne scars .

Darker skin types. Irritation makes pigment, so aggressive unblocking can trade a visible pore for a visible mark. Gentler and more consistent beats stronger and occasional.

Anyone wearing heavy foundation to disguise them. The commonest self-defeating loop on this page: heavy occlusive product settles into the openings, blocks them further, and makes them more visible, prompting heavier coverage. Lighter, non-comedogenic cover usually looks better within a fortnight.

Men. Larger sebaceous glands on average, so more visible pores as a baseline, and daily shaving already provides exfoliation — which changes how much more is sensible.

Treatments

Chemical peels — salicylic acid peels in particular are oil-soluble, so they clear the inside of the pore

Microdermabrasion and epidermal levelling — physical removal of surface build-up

Skin needling — stimulates collagen around the pore, tightening the surrounding skin

Laser resurfacing — fractional and ablative lasers improve texture and pore appearance

Cosmeceutical skincare — retinoids normalise cell turnover and reduce blockage; niacinamide helps with oil and appearance. Some effective topicals are prescription-only and need a doctor’s consultation.

Daily sun protection — because further collagen loss widens pores

Mineral make-up — non-comedogenic cover

Untreated blockage feeds acne, so pore care and acne management overlap considerably.

Which treatment targets which cause

Blockage — salicylic peels, microdermabrasion, epidermal levelling, retinoids. This is the fastest visible change.

Oil production — retinoids, niacinamide, and prescription options where appropriate.

Slack collagen around the pore — skin needling and laser resurfacing, which work slowly and over a course.

Ongoing collagen loss — daily sun protection, which prevents the cause continuing rather than treating the effect.

Most plans address more than one of these, because most people have more than one.

What does not help

Steaming to “open” and cold water to “close” — pores do not move

Pore strips — they remove surface plugs and do nothing about the size of the opening; used often, they irritate

Squeezing — stretches the pore and risks scarring

Harsh scrubs and stripping cleansers — the skin compensates by producing more oil

Heavy foundation used to disguise pores, which accumulates in them

Extractor tools and pore vacuums at home — bruising, broken vessels and stretched openings, for a plug that refills

How a course of treatment runs

Skin assessment — skin type, oil production, degree of blockage, and whether acne is active.

A home routine established first , because it does most of the work.

A written plan and quote for the course, not a single session.

In-clinic treatment in a course, spaced weeks apart.

Review , then ongoing maintenance.

Bring a list of everything you currently use on your skin — including hair products, which affect the hairline — and anything you take.

What sits outside this

We do not claim to shrink or close pores. Less conspicuous is the goal, and it is stated that way in writing.

We do not treat enlarged pores while acne is active. The acne comes first.

We do not treat over an undiagnosed lesion.

We do not sell courses paid upfront for a concern that is managed indefinitely.

We do not treat sebaceous filaments as a defect , and will say so rather than sell a course aimed at them.

What you should leave with

A written plan and quote covering the course and the maintenance after it

A home routine with instructions, and what to stop using

A record of the treatment and settings used

Written aftercare, including sun protection

A realistic statement of what change to expect and when

Baseline photographs taken in standard conditions — not in a magnifying mirror

What results are realistic

A course of appropriate treatment plus a consistent skincare routine generally makes pores noticeably less conspicuous — cleaner, less shadowed, with smoother surrounding skin.

Pores remain. They will look larger again if treatment and skincare stop, because oil production and genetics have not changed. Maintenance is the model here. Individual results vary.

Judge the result the way other people see you: arm’s length, flat mirror, daylight from a window. Not at fifteen centimetres under a downlight, and not through magnification.

Aftercare: what is expected and what is not

Expect redness, dryness and some peeling after peels or resurfacing, settling over days. A temporary flare of breakouts as blockages clear is common and expected — it is not a sign the treatment is wrong, though it is worth mentioning at review if it persists.

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

If skin becomes tight, stinging and reactive, that is barrier damage from over-treatment rather than under-treatment. The answer is to do less, not more — call rather than escalate the routine.

Risks

Redness, dryness, peeling and irritation

A temporary flare of breakouts as blockages clear

Changes in pigmentation after peels or laser, more likely in darker skin types

Blistering or burns from energy-based treatment

Scarring, uncommon

Infection

Increased sun sensitivity after treatment

Incomplete improvement

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 course is quoted after assessment. Not covered by Medicare.

Because this is a maintenance model rather than a fix, ask what the course costs and what each following year costs to hold it, including products. 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 , uneven skin texture , sun damage , all skin conditions .

Common questions about open pores

What is a pore?

The opening of a hair follicle. Each follicle contains a hair shaft and an oil gland, and the size of the opening is largely determined by the size of the gland and shaft it has to accommodate.

Can pores be closed or shrunk?

No. Pores have no muscle. They cannot be opened by steam or closed by cold water, and no product shrinks them permanently. Anyone selling pore closing or shrinking is describing something that does not happen.

What can treatment actually do?

Make pores less visible — by clearing the debris that stretches and darkens them, reducing oil production, and improving the firmness of the skin around them. That is a real change, and it is not the same as removing them.

Why do my pores look so much worse in my bathroom?

Because a pore is visible only when light falls into the opening and casts a shadow. A downlight directly above a mirror throws light in from the worst possible angle, and a magnifying mirror shows at five or ten times what nobody sees at conversational distance.

So how should I look at my own face?

Facing a window in daylight, at arm’s length, in an ordinary flat mirror. That is what other people see, and it is the image any treatment should be judged against.

Does a phone camera help?

Not held close. Bringing a lens close distorts, and a flash lights the face flat and hard.

Is that an argument for doing nothing?

No — it is an argument for knowing what you are treating. A course judged in a magnifying mirror under a downlight will never look like it worked.

What makes pores look larger?

Genetics above all, excess oil production, blockage that stretches the opening, sun damage degrading the collagen that holds the pore wall taut, age, acne and repeated inflammation, occlusive products, and squeezing.

What is the difference between a pore, a blackhead and a sebaceous filament?

A pore is the opening itself. A blackhead is a pore plugged with oil and dead cells, dark because the surface has oxidised on contact with air. A sebaceous filament is the normal lining of an oil-producing pore — small, uniform, grey rather than black, present on almost every adult face.

Can sebaceous filaments be removed?

Their appearance can be reduced; they cannot be eliminated. They refill within days because they are meant to be there.

Why does that matter?

Because most people attacking their nose are attacking sebaceous filaments, which is a fight nobody wins — and the irritation, stripped barrier and rebound oil make the area look worse over time than leaving it alone.

Why is my nose always the worst?

The density of sebaceous glands is highest across the nose and central face. Almost everyone’s nose looks more porous than the rest of their face, at every age and on every skin type.

What if my outer cheeks are the problem?

Enlarged pores on the outer cheeks more often indicate collagen loss from sun damage or a history of acne than oil — so needling and resurfacing help more than unblocking.

Do pore strips work?

They remove surface plugs and do nothing about the size of the opening, and used often they irritate the surrounding skin.

Can I squeeze them?

Squeezing stretches the opening and risks scarring. Extractor tools and pore vacuums at home cause bruising, broken vessels and stretched openings, for a plug that refills.

Do scrubs and strong cleansers help?

No. The skin compensates for being stripped by producing more oil.

Should I cover them with foundation?

Heavy occlusive product settles into the openings, blocks them further and makes them more visible, which prompts heavier coverage. Lighter, non-comedogenic cover usually looks better within a fortnight.

What gives the fastest visible change?

Clearing blockage — salicylic peels, microdermabrasion, epidermal levelling and retinoids.

What works on the skin around the pore?

Skin needling and laser resurfacing stimulate collagen and tighten the surrounding skin. They work slowly and over a course.

Does sunscreen matter for pores?

Yes. Sun damage degrades the collagen holding the pore wall taut, so daily protection prevents the cause continuing rather than treating the effect.

Does my acne need treating first?

Yes. Repeated inflammation is what permanently stretches openings, so the acne comes first.

Does age change the plan?

Considerably. In the teens and twenties the driver is usually congestion, which responds quickly. From the forties it is usually collagen loss, where unblocking does little and collagen stimulation does the work slowly.

Does darker skin change the plan?

Yes. Irritation makes pigment, so aggressive unblocking can trade a visible pore for a visible mark. Gentler and more consistent beats stronger and occasional.

Will the result last?

Not on its own. Pores remain and will look larger again if treatment and skincare stop, because oil production and genetics have not changed. Maintenance is the model.

Is a breakout after treatment normal?

Yes, a temporary flare as blockages clear is common and expected. Mention it at review if it persists.

What if my skin becomes tight and stinging?

That is barrier damage from over-treatment, not under-treatment. Do less, and call rather than escalating the routine.

What are the risks?

Redness, dryness, peeling and irritation; a temporary flare of breakouts; pigment changes after peels or laser, more likely in darker skin; blistering or burns from energy-based treatment; uncommon scarring; infection; increased sun sensitivity; and incomplete improvement.

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 course quoted after assessment. Ask what the course costs and what each following year costs to hold it, including products. 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.