Rosacea Treatment Melbourne - Me Clinic

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

Details:

Rosacea is a chronic inflammatory condition affecting the central face - cheeks, nose, chin and forehead. It typically begins with flushing, progresses to persistent redness, and in some people goes on to visible vessels, bumps and pustules.

It affects fair-skinned adults most commonly, usually starting between 30 and 50, and it runs in families. It is often mistaken for acne or for a sensitive skin type, and the treatment for those is not the treatment for this.

How we manage rosacea

Rosacea is a long-term condition with flares and quiet periods. Treatment controls it. Stopping treatment generally means it returns. Any claim that a course of anything will cure rosacea should be treated with suspicion.

Within that reality, good management makes a large difference - to appearance, to comfort, and to how often flares occur.

The subtypes

These often overlap, but identifying the dominant pattern determines treatment:

Erythematotelangiectatic - flushing, persistent redness, visible small vessels, stinging and sensitivity

Papulopustular - red bumps and pustules on a background of redness; the type most often confused with acne, though it lacks blackheads

Phymatous - thickening of the skin, most often the nose (rhinophyma). Uncommon, and far more common in men.

Ocular - dry, gritty, irritated eyes and inflamed lids. Often missed. If you have rosacea and persistent eye symptoms, see an optometrist or ophthalmologist ; untreated ocular rosacea can affect the cornea.

The two things most often missed

Eye involvement. Ocular rosacea is common and frequently goes unrecognised, partly because people do not connect gritty eyes with a skin condition. It is the one part of rosacea that can cause lasting damage, so persistent eye symptoms warrant an eye examination rather than watchful waiting.

The acne mistake. Papulopustular rosacea is regularly treated as acne, including by the person themselves with over-the-counter acne products. Those products are drying and abrasive, rosacea skin is already barrier-compromised, and the result is reliably worse. The absence of blackheads is the most useful distinguishing sign - acne produces them, rosacea does not.

What causes it

The underlying cause is not fully established. Current understanding points to a combination of abnormal blood vessel reactivity, an over-active innate immune response in the skin, and a genetic predisposition. Demodex folliculorum - a mite that lives normally on human skin - is present in greater numbers in rosacea, and may contribute to inflammation in some people, but calling it "the cause" of rosacea overstates the evidence.

Triggers

Triggers do not cause rosacea, but they provoke flares, and identifying yours is genuinely useful. Common ones:

Sun exposure and heat - the most frequently reported

Alcohol, particularly red wine

Spicy food and hot drinks

Hot showers, saunas, exercise

Cold wind

Stress

Some skincare - alcohol-based, fragranced or abrasive products

Some medications, including topical steroids, which can worsen rosacea considerably

Keeping a short diary of flares for a few weeks tends to identify a person's triggers faster than any test.

How to run the diary so it is actually useful

Two to four weeks , not indefinitely. Longer produces less compliance, not more insight.

Note the flare, then work backwards a few hours - food, drink, temperature, exercise, products applied, stress.

Photograph it , in consistent light, so you are not relying on memory of severity.

Look for the two or three that recur , not a complete list. Most people have a small number of reliable triggers and a long tail of coincidences.

Then test one by deliberately avoiding it for a fortnight.

The point is a shortlist you can live with, not the elimination of everything enjoyable. Rosacea does not require an ascetic life, and a plan that demands one will not be followed.

Who this is for, and what sits outside it

For: anyone with persistent central facial redness, flushing, or bumps and pustules without blackheads.

See a doctor first if: you have eye symptoms, the rash is spreading beyond the central face, it appeared suddenly, or it came with systemic symptoms.

Outside in-clinic treatment: the papules and pustules, which generally need prescription medication; ocular rosacea, which needs an eye professional; and rhinophyma, which needs ablative laser or surgical reshaping.

Not a cure, for anyone. Every option here is control.

Treatments used at Me Clinic

Laser and light - Nd:YAG targets individual visible vessels; Laser Genesis and IPL reduce diffuse background redness. These are the most effective in-clinic options for the vascular component.

LED therapy - to reduce inflammation

Cosmeceutical skincare - gentle, barrier-supporting products; the wrong skincare routine is a common reason rosacea stays inflamed

Daily broad-spectrum sun protection - mineral sunscreens are often better tolerated

Mineral make-up - green-toned products neutralise redness; also a physical sun barrier

Gentle peels where appropriate, used conservatively

Prescription treatment

Papulopustular rosacea generally responds best to prescription medication, topical or oral. Those are prescription-only medicines and cannot be named in advertising to the public; they require a doctor's consultation.

What each part responds to

Feature	Responds best to
Visible individual vessels	Vascular laser
Diffuse background redness	IPL or Laser Genesis, in a course; maintenance needed
Bumps and pustules	Prescription medication
Flushing episodes	Trigger management; some prescription options
Skin thickening (rhinophyma)	Ablative laser or surgical reshaping
Eye symptoms	Referral to an optometrist or ophthalmologist

The skincare routine that helps, and the one that does not

Rosacea skin has an impaired barrier, and most people arrive having made it worse with products.

Helps: a gentle non-foaming cleanser, lukewarm water, a simple barrier-supporting moisturiser, mineral sunscreen every day, and patting rather than rubbing dry.

Makes it worse: scrubs and cleansing brushes, alcohol-based toners, fragrance, strong acids and retinoids introduced too fast, hot water, and anything marketed for oily or acne-prone skin.

And specifically: topical steroids on the face. They settle redness briefly and then worsen it, sometimes considerably, and stopping produces a rebound flare. If you have been using one - including one prescribed for something else, or borrowed - say so rather than stopping abruptly on your own.

The process, start to finish

Consultation - confirming it is rosacea, identifying the dominant subtype, and checking for eye involvement.

Simplify the skincare and start daily sun protection. This alone changes how inflamed the skin is.

Trigger diary for two to four weeks.

Prescription treatment where bumps and pustules are present - a doctor's consultation.

A course of light-based treatment for the vascular component, typically three to six sessions.

Review , with an honest account of what has improved.

Maintenance , usually annually for the vascular part, indefinitely for the routine.

What results are realistic

Redness and visible vessels generally reduce substantially over a course of light-based treatment. Vessels can recur, and maintenance sessions are usual - often annually.

Bumps and pustules respond well to appropriate medical treatment, and relapse when it stops. Flushing is the hardest feature to control.

Individual results vary. Nobody should promise you an end to rosacea.

Cost over time

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. A course is quoted after assessment.

Ask for the annual cost, because that is what this actually is. A managed condition has a running cost - the maintenance laser session, the skincare, and any prescription. A course price alone will understate what you are committing to. Not covered by Medicare, though a doctor's consultation for prescription treatment may attract a rebate. We are not a no-gap provider.

What you should leave the consultation with

Which subtype predominates, and whether more than one is present

Whether you have any eye involvement, and a referral if you do

A simplified written skincare routine, and a list of what to stop

Whether prescription treatment is indicated and who will manage it

The number of light-based sessions and the total cost, plus the annual maintenance figure

Written risk information

What a flare after treatment looks like, and when to call

A review date

Risks

Flare of the rosacea itself after treatment

Redness and swelling for a day or two

Bruising or purpura with some settings

Blistering and crusting

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

Scarring, uncommon

Infection

Incomplete response, 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 day or two after a session, treated vessels darkening before clearing, and occasionally a short flare.

Call us for blistering, crusting that does not settle, spreading redness or heat, pus, a fever, or a flare that is worsening rather than settling after a week.

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 rosacea

What is rosacea?

A chronic inflammatory condition affecting the central face - cheeks, nose, chin and forehead. It typically begins with flushing, progresses to persistent redness, and in some people goes on to visible vessels, bumps and pustules.

Who gets it?

Fair-skinned adults most commonly, usually starting between 30 and 50. It runs in families.

Can it be cured?

No. It is managed rather than cured - treatment controls it, and stopping generally means it returns. Any claim that a course of anything will cure rosacea should be treated with suspicion.

What are the subtypes?

Erythematotelangiectatic (flushing, redness, visible vessels, stinging), papulopustular (bumps and pustules), phymatous (skin thickening, most often the nose), and ocular (dry, gritty, irritated eyes).

How do I tell rosacea from acne?

The absence of blackheads is the most useful distinguishing sign - acne produces them, rosacea does not.

Why does that matter?

Because over-the-counter acne products are drying and abrasive, rosacea skin is already barrier-compromised, and the result is reliably worse.

What is the part most often missed?

Eye involvement. Ocular rosacea is common and frequently unrecognised, and it is the one part that can cause lasting damage - untreated it can affect the cornea.

What should I do about eye symptoms?

See an optometrist or ophthalmologist rather than waiting.

What causes rosacea?

Not fully established. Current understanding points to abnormal blood vessel reactivity, an over-active innate immune response in the skin, and genetic predisposition.

Is it caused by a mite?

Demodex folliculorum is present in greater numbers in rosacea and may contribute to inflammation in some people, but calling it the cause overstates the evidence.

What are the common triggers?

Sun exposure and heat most frequently, then alcohol particularly red wine, spicy food and hot drinks, hot showers, saunas and exercise, cold wind, stress, some skincare, and some medications including topical steroids.

How do I find mine?

A diary for two to four weeks - note the flare, work backwards a few hours, photograph it in consistent light, look for the two or three that recur, then test one by avoiding it for a fortnight.

Do I have to give up everything that triggers it?

No. The point is a shortlist you can live with. Rosacea does not require an ascetic life, and a plan that demands one will not be followed.

What skincare helps?

A gentle non-foaming cleanser, lukewarm water, a simple barrier-supporting moisturiser, mineral sunscreen daily, and patting rather than rubbing dry.

What makes it worse?

Scrubs and cleansing brushes, alcohol-based toners, fragrance, strong acids and retinoids introduced too fast, hot water, and anything marketed for oily or acne-prone skin.

What about steroid creams?

They settle redness briefly and then worsen it, sometimes considerably, and stopping produces a rebound flare. If you have been using one - including one prescribed for something else - say so rather than stopping abruptly on your own.

Which treatments are used here?

Nd:YAG for individual vessels, Laser Genesis and IPL for diffuse redness, LED to reduce inflammation, barrier-supporting cosmeceutical skincare, daily sun protection, green-toned mineral make-up, and conservative gentle peels where appropriate.

What treats the bumps and pustules?

Prescription medication, topical or oral, which requires a doctor's consultation. Those medicines cannot be named in advertising to the public.

What treats rhinophyma?

Ablative laser or surgical reshaping.

How many sessions for the redness?

Typically three to six for diffuse redness, with maintenance usually annually.

What results are realistic?

Redness and visible vessels generally reduce substantially. Vessels can recur and maintenance is usual. Bumps and pustules respond well to appropriate medical treatment and relapse when it stops.

Which feature is hardest to control?

Flushing.

What does it cost?

A skin assessment is $50 and a Cosmetic Doctor consultation $150, both including GST as at September 2024; dermal skin treatments start from $130, with a course quoted after assessment.

Which cost figure should I ask for?

The annual one - the maintenance session, the skincare and any prescription. A course price alone understates what you are committing to.

What are the risks of treatment?

A flare of the rosacea itself, redness and swelling, bruising or purpura with some settings, blistering and crusting, pigment change that can persist and is more likely in darker skin, uncommon scarring, infection, incomplete response and recurrence, and increased sun sensitivity.

When should I call us?

For blistering, crusting that does not settle, spreading redness or heat, pus, a fever, or a flare worsening rather than settling after a week.

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.