Skin Vessel Treatments Melbourne - Me Clinic

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

Details:

Blood vessels are everywhere in the skin and are normally invisible. When they enlarge, multiply or sit closer to the surface, they become visible - as redness, as fine red lines, or as raised blue or purple veins.

This page is the overview of vessel-related skin conditions and the treatments used for them. The individual conditions have their own pages.

Start here: which one do you have?

What you can see	Likely	Start at
General flush or blotchiness, no single vessel	Dilated capillaries	Capillaries and redness
Fine red lines you can point to, nose and cheeks	Telangiectasia	Facial veins
Redness plus bumps, flushing episodes	Rosacea	Rosacea
Small raised red dome, often on the trunk	Cherry angioma	Haemangiomas
A flat red or purple patch present since birth	Port wine stain	Birthmarks
Fine purple threads on the legs	Leg spider veins	Assessment first - see below
Bulging ropey leg veins, aching or swelling	Varicose veins	Varicose veins
An open sore on the lower leg	Venous ulcer	Medical - seek assessment promptly

The conditions

Broken capillaries and diffuse redness - dilated capillaries producing a flushed or blotchy appearance

Facial veins and spider veins (telangiectasia) - discrete visible vessels, mostly on the nose and cheeks

Rosacea - an inflammatory condition in which flushing, redness and visible vessels are central features

Haemangiomas and cherry angiomas - benign vascular growths

Port wine stains - see birthmarks

Varicose veins and leg spider veins - a circulatory problem rather than a skin one

Venous ulcers - a medical condition needing proper assessment

The distinction that matters most on this list

Facial vessels are almost always a cosmetic matter; leg veins can be a sign of underlying venous disease , which needs ultrasound assessment rather than treatment of the visible vessel alone. Treating the surface without assessing the circulation beneath is why leg spider veins so often come back.

Why the face and the legs are different problems

It is the same tissue, but not the same mechanism, and that is worth understanding before you assume one treatment answer covers both.

On the face , vessels become visible mostly through cumulative sun damage, genetics, ageing skin and inflammation. There is no pressure problem behind them. Treating the visible vessel treats the thing itself.

On the legs , gravity is working against the return of blood to the heart, and one-way valves are what stop it falling back. When those valves fail, pressure builds in the superficial veins, and visible threads are the downstream consequence. Treating them without addressing the failing valves clears the symptom and leaves the cause - which is why they return, often within a year or two.

The practical rule: facial vessels can be treated on the day they are assessed. Leg veins warrant a scan first.

Which of these are medical rather than cosmetic

Venous ulcers - and compression is not safe until arterial circulation has been assessed

Symptomatic varicose veins - aching, heaviness, ankle swelling, skin changes near the ankle

Any leg vein with a history of DVT

A sudden crop of new vessels anywhere , which is worth mentioning to a GP

Ocular symptoms with rosacea , which need an eye professional

The rest on this page are cosmetic concerns. That does not make them unimportant - it changes who needs to see them and how urgently.

Treatments

Nd:YAG laser

The wavelength is absorbed by haemoglobin. Used for individual visible vessels on the face and, at different settings, for deeper vessels. Vessels are closed and cleared by the body over one to two weeks.

Laser Genesis

Gently heats the upper dermis across an area, reducing diffuse redness from dilated capillaries and stimulating collagen. Used as a course.

IPL

Broad-spectrum light for diffuse redness, and useful where pigmentation and vascular change coexist.

Sclerotherapy

A solution is injected into a vein, causing it to close and be absorbed. This is the standard treatment for leg spider veins and smaller varicose veins. Larger or deeper veins are treated under ultrasound guidance. Several sessions are usually needed, and compression stockings are worn afterwards.

Photodynamic therapy

A photosensitising agent is applied and then activated by light. Used for sun-damaged skin, precancerous lesions and some acne - not primarily a vascular treatment, and included here because it often forms part of a wider skin plan.

See laser treatments .

Who provides this

Facial vascular treatment is provided by our Cosmetic Doctors and clinicians. Vein work on the legs is led by Dr Tim French (MED0001790529) , a phlebologist with AHPRA specialist and general registration and over a decade of clinical experience in venous medicine.

We do not have a dermatologist on the team. Where a condition needs specialist dermatology, we refer.

One point worth knowing about the terminology: phlebology is not an AHPRA-recognised specialty in Australia. It describes a field of practice rather than a protected title, so the useful questions are about training, experience and volume in venous work rather than about the word. Every registered practitioner can be checked by name at ahpra.gov.au.

Assessment

Before treatment your skin is examined and, for leg veins, the underlying circulation is assessed - ultrasound where indicated. Skin type is assessed too, because light-based treatment carries a higher risk of pigment change in darker skin.

Tell your practitioner about medications, pregnancy, a history of blood clots, and any bleeding disorder. All of these change what is appropriate.

Circumstances that change the picture

Pregnancy. Leg veins commonly appear or worsen and frequently improve in the months after delivery, so assessment is usually deferred.

Darker skin types. Device and settings are chosen for pigment safety; some options are preferred over others.

Photosensitising medication. Several common medicines change what is safe.

A history of clots. Changes both the assessment and the treatment plan.

Recent sun exposure or a tan. Light-based treatment is deferred.

What to expect

Laser and IPL sessions run 20 to 60 minutes depending on the area, with little to no downtime beyond redness and swelling for a day or two. Most people return to normal activity immediately.

Sclerotherapy involves multiple small injections along the vein, followed by compression stockings for a period your practitioner specifies. Bruising and discolouration along the treated vein are expected and settle over weeks to months.

The order things happen in

Assessment - skin examination, skin type, medication history, and for legs, circulation and ultrasound where indicated.

The underlying problem first , where there is one. Deeper venous reflux is treated before surface veins, or the surface work does not hold.

A plan and a quote naming which veins, which method, how many sessions and the total.

Treatment sessions , spaced to let treated vessels clear.

Review , with a realistic account of what cleared and what did not.

Maintenance , because new vessels form.

What results are realistic

Treated vessels generally clear well. New ones form over time , because the underlying causes - sun damage, genetics, rosacea, venous pressure - continue. Maintenance is normal, and periodic repeat treatment should be part of your expectations and your budget.

Individual results vary with the vessel type, its depth, skin type and the underlying cause.

Cost over time

As at September 2024 and including GST, a skin assessment is $50, a consultation with a Cosmetic Doctor is $150, and a vein consultation with a doctor - which may include ultrasound - is $230. Dermal skin treatments start from $130, sclerotherapy from $470 and EVLT from $4,200.

The number to ask for is the annual one. Vascular work is maintained rather than finished, and a course price does not tell you what a typical year costs once the initial clearance is done.

Cosmetic treatment is not covered by Medicare. Treatment of symptomatic venous disease may attract a rebate - which is another reason the cosmetic-versus-medical distinction at the top of this page matters. We are not a no-gap provider.

What you should leave the consultation with

Which condition you actually have, and whether it is cosmetic or medical

For leg veins, whether there is underlying reflux and whether a scan was done

Which veins are treated by which method, and in which order

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

The risks specific to your skin type

Whether any of it may attract a Medicare rebate

Aftercare instructions and an after-hours number

Risks

Redness, swelling, bruising and purpura

Blistering and crusting

Changes in pigmentation, which can be persistent, particularly in darker skin

Scarring, uncommon but possible

Infection

Matting - fine new vessels appearing near a treated area

Brown staining along a treated leg vein after sclerotherapy, which can take many months to fade and occasionally persists

Ulceration at an injection site, uncommon

Incomplete clearance and recurrence

See risks and complications .

Expected, and not expected

Expected: redness and swelling for a day or two after laser, treated vessels darkening before clearing, and after sclerotherapy, bruising and discolouration along the vein settling over weeks to months.

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

Call 000 for pain and swelling in one calf, chest pain or shortness of breath - signs of a clot.

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 skin vessels

Why do blood vessels become visible in skin?

They are normally invisible. When they enlarge, multiply or sit closer to the surface, they show as redness, fine red lines, or raised blue or purple veins.

How do I work out which condition I have?

Use the table at the top of this page - it routes from what you can see to the right page.

What is the most important distinction on this page?

Facial vessels are almost always cosmetic; leg veins can be a sign of underlying venous disease, which needs ultrasound assessment rather than treatment of the visible vessel alone.

Why are the face and legs different?

On the face, vessels become visible through sun damage, genetics, ageing and inflammation, with no pressure problem behind them. On the legs, failing one-way valves let pressure build in the superficial veins, and the visible threads are the downstream consequence.

So what happens if I treat leg veins without a scan?

You clear the symptom and leave the cause, which is why they return - often within a year or two.

Can facial vessels be treated on the day?

Generally yes, once assessed. Leg veins warrant a scan first.

Which of these conditions are medical rather than cosmetic?

Venous ulcers, symptomatic varicose veins, any leg vein with a history of DVT, a sudden crop of new vessels anywhere, and ocular symptoms with rosacea.

How does Nd:YAG laser work?

The wavelength is absorbed by haemoglobin. It is used for individual visible vessels on the face and, at different settings, for deeper vessels - closed and then cleared by the body over one to two weeks.

What is Laser Genesis for?

Gently heating the upper dermis across an area to reduce diffuse redness and stimulate collagen. Used as a course.

When is IPL used?

For diffuse redness, and where pigmentation and vascular change coexist.

What is sclerotherapy?

A solution injected into a vein, causing it to close and be absorbed. It is the standard treatment for leg spider veins and smaller varicose veins, with larger or deeper veins treated under ultrasound guidance.

Do I need compression stockings after sclerotherapy?

Yes, for a period your practitioner specifies. Several sessions are usually needed.

What is photodynamic therapy doing on this list?

It is not primarily a vascular treatment - it is included because it often forms part of a wider skin plan, for sun-damaged skin, precancerous lesions and some acne.

Who treats leg veins here?

Dr Tim French (MED0001790529), a phlebologist with AHPRA specialist and general registration and over a decade of clinical experience in venous medicine.

Is phlebology an AHPRA specialty?

No - it describes a field of practice rather than a protected title. The useful questions are about training, experience and volume in venous work.

Is there a dermatologist at Me Clinic?

No. Where a condition needs specialist dermatology, we refer.

What should I tell my practitioner?

Medications, pregnancy, a history of blood clots, and any bleeding disorder - all of these change what is appropriate.

Can I have treatment while pregnant?

Assessment is usually deferred. Leg veins commonly appear or worsen in pregnancy and frequently improve in the months after delivery.

How long is a session?

Laser and IPL run 20 to 60 minutes depending on the area, with little downtime beyond redness and swelling for a day or two.

Will new vessels form?

Yes. The underlying causes - sun damage, genetics, rosacea, venous pressure - continue, so maintenance is normal and periodic repeat treatment should be part of your expectations and your budget.

What does it cost?

A skin assessment is $50, a Cosmetic Doctor consultation $150 and a vein consultation $230, all including GST as at September 2024. Dermal skin treatments start from $130, sclerotherapy from $470 and EVLT from $4,200.

Which cost figure should I ask for?

The annual one. Vascular work is maintained rather than finished.

Will Medicare cover any of it?

Cosmetic treatment is not covered. Treatment of symptomatic venous disease may attract a rebate. We are not a no-gap provider.

What is matting?

Fine new vessels appearing near a treated area - a recognised outcome of vascular treatment.

What are the risks?

Redness, swelling, bruising and purpura; blistering and crusting; pigment change that can persist particularly in darker skin; uncommon scarring; infection; matting; brown staining along a treated leg vein after sclerotherapy which can take many months to fade; uncommon ulceration at an injection site; and incomplete clearance or recurrence.

When should I call 000?

For pain and swelling in one calf, chest pain or shortness of breath - signs of a clot.

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.