Uneven Skin Texture Treatment Melbourne - Me Clinic

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

Details:

Uneven texture is skin that feels or looks rough, bumpy, coarse or dull rather than smooth — the surface catching the light unevenly instead of reflecting it cleanly.

It is one of the most common reasons people come to a skin clinic, and one of the most responsive to treatment, because most of what causes it sits in the outer layers.

The test with your eyes closed

Texture is something you feel, and almost everybody tries to diagnose it by looking. That is why people arrive asking about texture when what they actually have is pigment, and why the first minute of an assessment is often spent establishing which.

Wash and dry your hands and your face, wait a few minutes, then close your eyes and run your fingertips lightly across the skin — cheeks, forehead, jaw, and the sides of the nose. Lightly: pressing flattens what you are trying to feel.

Rough, dry, sandpapery, or catching slightly — surface build-up or a compromised barrier. The most treatable kind, and the one that responds fastest.

Small bumps you can feel but barely see — congestion sitting under the surface. Needs unblocking rather than smoothing.

Distinct dips and raised edges — contour, meaning scarring. A different problem with a different answer.

Smooth to the touch, but uneven to look at — this is not texture at all. If you can see it and not feel it, it is colour: pigment, redness, or visible vessels.

That last line saves people money. Exfoliating and resurfacing skin whose unevenness is pigment or vascular does very little, at cost, and the correct page is hyper-pigmentation or capillaries and skin redness instead.

What causes it

Slowed cell turnover. Skin renews itself by shedding dead cells and replacing them from below. That process slows with age, and dead cells accumulate on the surface.

Sun damage — the leading cause in Australia. UV damages collagen and thickens and roughens the surface. See sun damage .

Acne and acne scarring — see acne scars

Enlarged pores — see open pores

Dryness and a compromised skin barrier — see dry skin

Genetics

Environment — pollution, wind, low humidity

Smoking

Skincare — both too little and too much; over-exfoliation damages the barrier and worsens texture

Are you over-exfoliating?

This is worth its own section because it is common, it is the one cause that gets worse the harder you treat it, and almost nobody recognises it in themselves — the symptom looks exactly like the problem they are trying to fix.

Rough, dull skin prompts more exfoliation. More exfoliation damages the barrier. A damaged barrier loses water, becomes rough and dull, and prompts more exfoliation again. People can stay in that loop for years, spending steadily, convinced their skin is simply difficult.

Signs that less is the answer:

Skin stings when you apply water, or a moisturiser you have used for years

A tight feeling that never quite goes away

Redness that has crept up over months rather than appearing suddenly

Skin that looks shiny or waxy rather than smooth

Products you previously tolerated now cause reactions

You are exfoliating more often than you were a year ago, for the same result

Your skin looks best for a day or two after exfoliating, then worse than before

What to do: stop every exfoliant, acid, scrub, brush and retinoid for two weeks. Gentle cleanser, a plain moisturiser, and sunscreen — nothing else. Skin that is going to recover usually shows it inside a fortnight. Then reintroduce one thing at a time, at a lower frequency than before.

Coming in during those two weeks is genuinely useful rather than a wasted appointment: skin at its most reactive is skin that can be assessed honestly, and it stops anyone selling you a course of resurfacing for a problem that resurfacing caused.

Have rough patches looked at

Most uneven texture is cosmetic. But a persistent rough, scaly patch on sun-exposed skin can be a solar keratosis , which is precancerous, or a squamous cell carcinoma . Those need medical assessment — and, if removed, need to be removed in a way that leaves tissue for pathology rather than lasered off.

A patch that is persistently scaly, tender, bleeding or not healing is worth having examined before any cosmetic treatment.

The distinguishing feature people often notice first is that a solar keratosis is easier to feel than to see , and that it comes back in the same place. A rough spot that flakes off, seems gone for a fortnight and then returns to exactly the same patch is the one to have looked at. A sore that has not healed within a month deserves a look regardless.

Bumpy upper arms and thighs

Rough, bumpy skin across the backs of the upper arms, the fronts of the thighs, the buttocks and sometimes the cheeks is usually keratosis pilaris — small plugs of keratin around individual hair follicles, giving the surface a permanently goose-pimpled feel. It is extremely common, entirely harmless, often familial, and it frequently improves with age.

Three things worth knowing, because this is the texture complaint most commonly mismanaged at home:

Scrubbing does not fix it and usually makes it redder. The plug is inside the follicle, not on the surface, and abrading the skin around it adds inflammation to a bumpy area.

It is managed, not cured. Gentle chemical exfoliation with urea, lactic or salicylic acid and consistent moisturising reduce the roughness and the redness. Stopping means it returns.

The redness often outlasts the bumps , particularly on fair skin, and responds to different treatment from the roughness.

It is worth having looked at, chiefly so you know what it is and stop attacking it — and because a few other conditions look similar.

Matching treatment to the kind of unevenness

What the skin is doing	What tends to work
Dull, flaky, surface build-up	Microdermabrasion, epidermal levelling, superficial peels, retinoids
Rough with sun damage	Medium peels, fractional laser, resurfacing; sun protection
Bumpy from congestion	Salicylic peels, extraction, acne management
Depressed scarring	Skin needling, fractional or ablative laser, individual scar treatment
Crepey, thin, fine lines	Skin needling, laser, collagen-stimulating treatments
Rough and dry	Barrier repair first — moisturiser and gentle cleansing — then resurfacing

The last row is the one people skip. Resurfacing skin whose barrier is already damaged makes texture worse, not better.

Is treatment right for you?

This is one of the more rewarding things to treat , so expectations can be reasonably optimistic — more so than for pigmentation or laxity.

Surface causes respond well; structural ones only partially. Established scarring and significant collagen loss improve rather than resolve.

If you are already over-exfoliating , the correct first step is doing less. A damaged barrier presents as rough skin, and more treatment makes it worse.

Cell turnover keeps slowing and sun exposure keeps accumulating , so this is maintained rather than finished.

Who it looks different for

In your twenties and thirties. Usually congestion and surface build-up rather than structural change. The highest-value intervention is a consistent simple routine, not a course of anything.

Sun-damaged Australian skin from forty on. Thickened, roughened surface with pigment mixed in. Responds well to resurfacing, and the result holds exactly as well as the sun protection that follows it.

Dry, mature or thinning skin. Barrier repair first, always. Resurfacing a skin that cannot hold water is the fastest route to making it worse, and the improvement from simply restoring the barrier surprises

people.

Darker skin types. Irritation makes pigment, so every treatment here is chosen with that as the governing constraint — gentler, more often, rather than stronger. Needling and topicals usually do more than heat-based options.

After acne. Distinguish the dips from the dullness before paying for either. Resurfacing improves the surface between scars; it does not lift the floor of a scar. See acne scars .

Men. Shaving is a daily exfoliation, which changes both how much additional exfoliation is sensible and how the skin tolerates actives. Texture complaints in men are more often barrier-related than under-exfoliated.

Treatments

Microdermabrasion — mechanical exfoliation, minimal downtime, in a course

Epidermal levelling — removes surface dead cells and vellus hair

Chemical peels — depth chosen to match the problem

Skin needling — collagen stimulation for texture and shallow scarring

Laser resurfacing — erbium and CO2 for deeper resurfacing, Fraxel fractionally

Cosmeceutical skincare — retinoids and appropriate exfoliating actives, used consistently

Factor 4 and platelet-rich plasma therapy, where indicated

Daily sun protection — which prevents the main cause continuing

How a course of treatment runs

Skin assessment — identifying which kind of unevenness you have, since the table above only helps once that is settled, and examining any persistent rough patch.

Barrier repair first where the skin is dry or over-treated, before any resurfacing.

A written plan and quote for the course.

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

The course , spaced weeks apart, with collagen remodelling continuing between sessions.

Review and maintenance.

Bring everything you currently use on your skin, and be honest about how often you exfoliate — it changes the plan.

What sits outside this

We do not resurface over an undiagnosed rough or scaly patch. It is assessed, and removed in a way that leaves tissue for pathology if there is any doubt.

We do not resurface a damaged barrier. It is repaired first, even when that means an appointment that sells nothing.

We do not treat active acne with abrasion or needling.

We do not claim to remove established scarring. It improves partially; anyone saying otherwise is overselling.

We do not manage eczema, psoriasis or dermatitis. There is no dermatologist on the team, and those are referred.

What you should leave with

A statement of which kind of unevenness you have, and which row of the table you are on

Confirmation that any persistent rough or scaly patch was examined

A written plan and quote for the whole course

A home routine, including what to stop using

A record of the treatment and settings used

Written aftercare, including sun protection

What results are realistic

Surface texture usually improves substantially — this is one of the more rewarding things to treat. Skin generally feels smoother within a few weeks of starting a proper routine, with further improvement over a course of in-clinic treatments as collagen remodels, which takes months rather than days .

Deeper structural unevenness — established scarring, significant collagen loss — improves partially rather than completely.

Maintenance is needed: cell turnover keeps slowing, and sun exposure keeps accumulating. Individual results vary with age, skin type, cause and consistency.

Judge it the way you diagnosed it — with your eyes closed. Texture is the one concern where how the skin feels is a better measure of progress than how it photographs, because photographs of texture depend almost entirely on the angle of the light.

Aftercare: what is expected and what is not

Expect redness, swelling, peeling and crusting after treatment, settling over days depending on depth. A temporary breakout as congestion clears is common.

Contact us promptly for blistering or burns, increasing pain, spreading redness, or any sign of infection. Tell your practitioner beforehand if you get cold sores — facial resurfacing can reactivate them, and that is manageable when known in advance.

If skin becomes tight, stinging, reactive or rougher after treatment, that is barrier damage. The answer is less treatment, not more — call before escalating anything.

Prevention

Daily sun protection prevents the leading cause continuing. Not smoking, a consistent gentle routine, and resisting the urge to over-exfoliate do more for texture over years than any single course of treatment.

Risks

Redness, swelling, peeling and crusting after treatment

Temporary breakout as congestion clears

Changes in pigmentation — darker or lighter — which can persist and are more likely in darker skin types

Blistering or burns with energy-based and deeper chemical treatments

Scarring, uncommon but possible with deeper treatments

Infection, including cold sore reactivation after facial resurfacing

Barrier damage and increased sensitivity from over-treatment

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. Ask for the cost of the whole course rather than a single session. Not covered by Medicare.

Then ask what maintenance costs each year afterwards, since this is managed rather than finished. 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: skin ageing , acne scars , skin treatments , all skin conditions .

Common questions about uneven skin texture

What is uneven texture?

Skin that feels or looks rough, bumpy, coarse or dull rather than smooth — the surface catching the light unevenly instead of reflecting it cleanly.

How do I know it is actually texture?

Close your eyes and run your fingertips lightly over clean, dry skin. If you can feel it, it is texture. If you can see it but not feel it, it is colour — pigment or redness — and a different page will help you more.

What does rough and sandpapery mean?

Surface build-up or a compromised barrier — the most treatable kind, and the one that responds fastest.

What about small bumps I can feel but barely see?

Congestion under the surface. That needs unblocking rather than smoothing.

What causes uneven texture?

Slowed cell turnover with age, sun damage — the leading cause in Australia — acne and scarring, enlarged pores, dryness and a damaged barrier, genetics, environment, smoking, and skincare that is either insufficient or excessive.

Can too much exfoliation cause it?

Yes, and it is one of the commonest causes seen in clinic. A damaged barrier presents as rough, dull skin, which prompts more exfoliation, which damages it further. People stay in that loop for years.

How do I know if I am over-exfoliating?

Skin that stings with water or a familiar moisturiser; a tight feeling that never goes; redness that crept up over months; a shiny or waxy look; products you used to tolerate now reacting; exfoliating more often than a year ago for the same result; and skin that looks good for a day or two afterwards then worse than before.

What should I do about it?

Stop every exfoliant, acid, scrub, brush and retinoid for two weeks — gentle cleanser, plain moisturiser, sunscreen only. Skin that is going to recover usually shows it inside a fortnight. Then reintroduce one thing at a time, less often than before.

Should I still come in during those two weeks?

Yes, and it is genuinely useful. Skin at its most reactive can be assessed honestly, and it stops anyone selling you resurfacing for a problem that resurfacing caused.

When should a rough patch be examined?

When it is persistently scaly, tender, bleeding or not healing — it can be a solar keratosis, which is precancerous, or a squamous cell carcinoma.

How do I tell a solar keratosis from ordinary roughness?

It is usually easier to feel than to see, and it comes back in the same place — flaking off, seeming gone for a fortnight, then returning to the identical patch. A sore that has not healed within a month deserves a look regardless.

Why does removal method matter for those?

Because they need removing in a way that leaves tissue for pathology, rather than being lasered off with nothing left to examine.

What are the rough bumps on my upper arms?

Usually keratosis pilaris — small plugs of keratin around hair follicles. Extremely common, harmless, often familial, and it frequently improves with age.

Will scrubbing clear it?

No, and it usually makes it redder. The plug is inside the follicle, not on the surface, so abrading the skin around it just adds inflammation.

What does help keratosis pilaris?

Gentle chemical exfoliation with urea, lactic or salicylic acid, plus consistent moisturising. It is managed rather than cured, and stopping means it returns.

Why is my skin still red after the bumps improve?

The redness often outlasts the roughness, particularly on fair skin, and it responds to different treatment.

What treats dull, flaky skin?

Microdermabrasion, epidermal levelling, superficial peels and retinoids.

What treats roughness from sun damage?

Medium peels, fractional laser and resurfacing — alongside sun protection, without which the cause continues.

What treats depressed scarring?

Skin needling, fractional or ablative laser, and treatment of individual scars. Resurfacing improves the surface between scars; it does not lift the floor of one.

Why does barrier repair come first?

Because resurfacing skin whose barrier is already damaged makes texture worse, not better.

How quickly will I see a difference?

Skin generally feels smoother within a few weeks of a proper routine, with further improvement over a course as collagen remodels — months rather than days.

Is it permanent?

No. Cell turnover keeps slowing and sun exposure keeps accumulating, so this is maintained rather than finished.

How should I judge my progress?

With your eyes closed. Texture is the one concern where how skin feels is a better measure than how it photographs, because photographs of texture depend almost entirely on the angle of the light.

Does darker skin change the plan?

Yes. Irritation makes pigment, so treatments are chosen gentler and more often rather than stronger, and needling and topicals usually do more than heat-based options.

Does shaving matter?

Yes. Shaving is a daily exfoliation, so texture complaints in men are more often barrier-related than under-exfoliated, and additional exfoliation needs to be introduced more carefully.

What should I bring to the assessment?

Everything you currently use on your skin — and an honest answer about how often you exfoliate. It changes the plan.

What if my skin is worse after treatment?

Tight, stinging, reactive or rougher skin after treatment is barrier damage. The answer is less treatment, not more — call before escalating anything.

What are the risks?

Redness, swelling, peeling and crusting; a temporary breakout; pigment changes that can persist and are more likely in darker skin; blistering or burns with energy-based and deeper chemical treatments; uncommon scarring with deeper treatments; infection including cold sore reactivation; barrier damage from over-treatment; 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. Ask for the cost of the whole course and then for annual maintenance. 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.