Chemical Skin Peel Treatments Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-rejuvenation-and-treatments/cosmetic-skin-peel-treatments/

Details:

A skin peel applies a chemical solution to the skin in a controlled way. The solution removes layers of dead and damaged cells and prompts the skin to replace them, which improves texture, tone and superficial pigmentation and can soften fine lines.

It is a straightforward treatment with a wide range of strengths — and the strength is the thing that matters most, because it determines both what the peel can do and how much downtime it costs you.

Depth is the decision

Depth	Reaches	Used for	Typical downtime
Superficial	The outer layer only	Dullness, congestion, mild texture and tone, maintenance	Redness for hours; light flaking for a few days
Medium	Into the upper dermis	Pigmentation, sun damage, fine lines, shallow scarring	Around a week of visible peeling
Deeper	Further into the dermis	Marked sun damage, deeper lines, significant texture	Longer, with more risk; used selectively

Superficial peels are typically done as a course; deeper peels do more per session and are spaced much further apart.

The peeling is not the result

This is the single most common misunderstanding about peels, and it costs people money.

Most people judge a peel by how much their skin visibly sheds afterwards, and treat heavy flaking as proof that it worked and light flaking as proof that it did not. That is backwards. The shedding is the old epidermis leaving. The result is what the skin builds to replace it — and that happens over the following weeks, underneath, where you cannot see it.

Two practical consequences follow:

A peel that produced little visible flaking may have done exactly what it was meant to. Skin that is already well-prepared with regular topicals often sheds less because there is less dead surface to lose, not because the peel was weak.

Dramatic flaking is not automatically a good sign. It can mean the peel went deeper than intended for your skin, and depth that was not planned is where pigment change and marks come from.

Judge a peel at four to six weeks, against a photograph, in the same light. Do not judge it on day four.

The acids and what they suit

Alpha hydroxy acids (AHAs) — glycolic, lactic. Water-soluble, work on the surface. Suit dullness, texture and pigmentation.

Beta hydroxy acid (BHA) — salicylic. Oil-soluble, so it penetrates into the pore. Suits oily and congested skin and acne.

Trichloroacetic acid (TCA) — used for medium-depth peels.

Combination formulations — blended for a particular concern.

Which one, and at what strength, is decided after your skin is assessed. The choice between water-soluble and oil-soluble is not a matter of preference: if the problem is inside the pore, an acid that cannot get into the pore will not reach it.

What peels treat

Uneven texture and dullness, pigmentation , sun damage , acne and congestion, superficial acne scarring , enlarged pores , fine lines, and melasma — the last one cautiously, because aggressive peeling can worsen it.

Who a peel suits, and who it does not

A peel is usually a good fit if:

your concern is at or near the surface — dullness, uneven tone, surface pigment, congestion, rough texture

you want something with a short, predictable recovery and can repeat it

you have oily or congested skin, where a salicylic peel does something that no surface exfoliation can

you are maintaining a result achieved by something deeper

your budget suits a course of moderate treatments rather than one expensive one

A peel is the wrong tool, and a different page will help you more, if:

your scars are pitted or boxcar-shaped — that is contour, and it needs needling or laser . See acne scar treatments .

your concern is redness or visible vessels — peels do not treat blood vessels. See capillaries and skin redness .

your concern is laxity or deep lines — a peel resurfaces; it does not lift. See lax and sagging skin .

you have a lesion or a mole you want removed — that is excision or another removal method, never a peel.

you have melasma and have been peeled aggressively before with a poor outcome — heat and inflammation can drive melasma. A conservative approach exists; an aggressive one is a known way to make it worse.

How a peel compares with the alternatives

Several treatments improve texture and tone, and they are not interchangeable.

Treatment	How it works	Best at	Downtime
Chemical peel	Chemical removal of surface layers	Tone, surface pigment, congestion, mild texture	Hours to about a week by depth

Microdermabrasion	Mechanical abrasion of dead cells	Dullness and rough feel, with essentially no downtime	Same day
Epidermal levelling	Blade removal of dead cells and fine hair	Make-up sitting badly, peach fuzz, dullness	Same day
Skin needling	Controlled micro-injury into the dermis	Contour — scarring, texture, collagen	2–5 days
Laser	Targeted light energy	Pigment, vessels, deeper resurfacing — the most precise and the most expensive	Days to weeks by device

A peel is often the sensible first in-clinic step, not because it does the most, but because it is reversible in the sense that matters: if it does not deliver, you have lost one session rather than committed to a course of something costly.

Skin type and suitability

Darker skin types carry a higher risk of post-inflammatory pigmentation from peeling, so peels are chosen and dosed more conservatively — which does not rule them out, and superficial peels are widely used across skin types.

Peels are generally avoided or deferred with active infection or cold sores, open wounds, eczema or dermatitis in the area, recent oral acne medication, pregnancy, recent sun exposure or sunburn, and a history of keloid scarring.

How it goes, step by step

Skin assessment ($50). Skin type recorded, the concern named, photographs taken. What you have decides the acid and the strength.

Preparation, usually two to four weeks. A topical routine before the first peel makes the peel both safer and more effective, and for pigment-prone skin it is often not optional.

Stopping actives. Retinoids and exfoliating acids are stopped as advised, usually several days beforehand. Waxing, laser and IPL in the area are avoided beforehand.

The treatment. Skin is cleansed and degreased, the solution is applied for a set time, then neutralised or allowed to self-neutralise. You will feel tingling, warmth or stinging — it builds and then settles. Most facial peels take 20 to 40 minutes including preparation.

Immediately after. Redness and tightness, like mild windburn. You can usually drive yourself home and return to work after a superficial peel.

Days two to seven. Flaking or peeling, depending on depth.

Review. Judged at four to six weeks against the baseline photographs, and the next peel is decided on that basis.

What the week after a medium peel looks like

When	What is normal

Day 0	Redness, tightness, warmth. Skin may look slightly bronzed or darker.
Days 1–2	Skin feels stiff and looks tight. Flaking begins, usually around the mouth and nose first.
Days 3–5	The peak. Visible sheeting or flaking. This is the part people plan around.
Days 5–7	Mostly finished. New skin underneath is pink and sensitive.
Weeks 2–6	Pinkness settles; the actual improvement in tone and texture emerges.

Do not pick or pull peeling skin. Pulling skin that is not ready to come away removes living tissue with it, and this is the single most common cause of a mark afterwards. If a flap is hanging, trim it — do not pull it.

Before and after

Before: stop retinoids and exfoliating actives as advised; no waxing, laser or IPL in the area beforehand; avoid sun and fake tan; tell your practitioner about medications and cold sores.

During: the solution is applied for a set time and then neutralised or allowed to self-neutralise. Expect tingling, warmth or stinging.

After: redness, tightness, then flaking or peeling starting a day or two later. Most people need about a week to recover from a medium peel; superficial peels are far quicker.

Do not pick or pull peeling skin — this is the most common cause of a mark afterwards

Gentle cleanser and moisturiser only

No sun exposure; daily sunscreen once the skin has settled

No exfoliants, retinoids or actives until your practitioner says so

No hot showers, saunas or strenuous exercise for a day or two

Who peels suit differently

Oily and acne-prone skin

Salicylic peels reach into the pore, which is where the problem is. This group often sees the clearest benefit from peels and tolerates a course well. Peels are usually part of a plan that includes topicals, not a substitute for one.

Sun-damaged skin

Medium peels do genuinely useful work on surface pigment and rough texture from years of exposure. The result holds only with daily sun protection; without it, the same pigment returns.

Melasma

The most careful group. Melasma is driven by hormones and by heat and inflammation, so an aggressive peel can worsen exactly what it was meant to treat. Superficial, conservative and combined

with topicals is the approach, and expectations are managed rather than raised.

Darker skin types

Superficial peels are widely and safely used. Medium and deeper peels carry a real risk of persistent pigment change, so they are approached with lower strengths, shorter contact times and more sessions.

Mature skin

Peels improve tone and surface texture but do not lift. If descent is the main concern, a peel will improve the skin and leave the thing that bothers you unchanged — worth knowing before you book.

Pregnant or breastfeeding

Deferred. Skin is also more prone to pigmentation during pregnancy, which is a second reason to wait.

What sits outside this treatment

We do not peel over an undiagnosed lesion. Anything raised, changing or unexplained is assessed first.

We do not perform deep phenol-type peels. Where that depth of resurfacing is the right answer, laser under appropriate conditions is the route, and it is a surgical-level discussion.

We do not sell peel courses upfront. Each peel is decided on how the last one went and how your skin responded.

We do not peel skin that has recent sun exposure or a tan. This is a deferral, not a refusal — it is rebooked.

What results are realistic

Superficial peels brighten and smooth, and the effect is cumulative over a course rather than dramatic after one. Medium peels produce a more visible change in pigmentation and texture from a single treatment, at the cost of a week of peeling.

Peels do not remove deep lines, lift sagging skin, or permanently stop pigmentation returning. Maintenance and daily sun protection determine whether a result holds. Individual results vary.

Risks

Redness, stinging, tightness and peeling — expected, but more than anticipated for some

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

Worsening of melasma with over-aggressive peeling

Blistering and chemical burn

Scarring — uncommon, and mainly with deeper peels

Infection, including reactivation of cold sores

Prolonged redness

Allergic or irritant reaction

Increased sun sensitivity afterwards

Incomplete improvement

See risks of cosmetic treatments .

Expected, versus call us

Expected: redness, tightness, warmth, a bronzed look, flaking from about day two, pinkness underneath.

Call us: blistering, weeping, a raw area, increasing rather than decreasing pain after the first day, spreading redness or swelling, pus, fever, a cold sore outbreak, or peeling that has not finished after about ten days.

What you receive

A skin assessment recording your skin type and the concern being treated

Baseline photographs in standard conditions

A preparation routine before the first peel where one is needed

A quote for the full course, and for maintenance afterwards

Written aftercare including what is normal and what is not

A review before the next peel is booked

Cost

As at September 2024 and including GST, a skin assessment is $50. Dermal skin treatments start from $130. Because superficial peels are done as a course, ask for the cost of the full plan. Not covered by Medicare.

Two figures are worth asking for rather than one: the cost of the course, and the cost of maintaining the result for a year afterwards. A peel is a maintenance treatment by nature, and the annual figure is the one that reflects the real commitment. We are not a no-gap provider.

Who performs peels here

Michelle Casey, Paramedical Aesthetician, with over 18 years' experience and more than 25,000 skin treatments performed.

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: all skin treatments , microdermabrasion , skin needling .

Common questions about skin peels

What does a skin peel do?

A chemical solution is applied to the skin in a controlled way. It removes layers of dead and damaged cells and prompts the skin to replace them, improving texture, tone and superficial pigmentation and

softening fine lines.

What matters most in choosing a peel?

The strength, because it determines both what the peel can do and how much downtime it costs you.

Does more peeling mean it worked better?

No, and this is the most common misunderstanding. The shedding is the old epidermis leaving; the result is what the skin builds to replace it, over the following weeks. Well-prepared skin often sheds less because there is less dead surface to lose.

Is heavy flaking a good sign?

Not automatically. It can mean the peel went deeper than intended for your skin, and unplanned depth is where pigment change and marks come from.

When should I judge the result?

At four to six weeks, against a photograph, in the same light. Not on day four.

What does a superficial peel do?

It reaches the outer layer only, and is used for dullness, congestion, mild texture and tone, and maintenance. Expect redness for hours and light flaking for a few days.

What does a medium peel do?

It reaches into the upper dermis, and is used for pigmentation, sun damage, fine lines and shallow scarring, with around a week of visible peeling.

What about a deeper peel?

It reaches further into the dermis for marked sun damage, deeper lines and significant texture, with longer downtime and more risk. It is used selectively.

How often are peels done?

Superficial peels are typically done as a course; deeper peels do more per session and are spaced much further apart.

What is the difference between AHA and BHA?

AHAs such as glycolic and lactic are water-soluble and work on the surface, suiting dullness, texture and pigmentation. Salicylic is a BHA, oil-soluble, so it penetrates into the pore — which suits oily, congested and acne-prone skin.

Does that choice actually matter?

Yes. If the problem is inside the pore, an acid that cannot get into the pore will not reach it.

How long does a peel take?

Most facial peels take 20 to 40 minutes including preparation.

Does it hurt?

You will feel tingling, warmth or stinging that builds and then settles. It is uncomfortable rather than painful, and it stops when the solution is neutralised.

What should I stop beforehand?

Retinoids and exfoliating actives as advised, usually several days before. Avoid waxing, laser and IPL in the area, and avoid sun and fake tan.

Do I need to prepare my skin first?

Usually yes — two to four weeks of a topical routine makes the peel both safer and more effective, and for pigment-prone skin it is often not optional.

What does the week after a medium peel look like?

Redness and tightness on the day, stiffness and the start of flaking on days one to two, the peak of visible peeling on days three to five, mostly finished by days five to seven, then pinkness settling over the following weeks as the improvement emerges.

Can I pull the peeling skin off?

No. Pulling skin that is not ready removes living tissue with it, and it is the most common cause of a lasting mark. Trim a hanging flap; do not pull it.

Can I go to work afterwards?

After a superficial peel, usually yes — expect to look flushed. After a medium peel, plan for the flaking days.

What does a peel not treat?

Pitted or boxcar scarring, which is contour and needs needling or laser; redness and visible vessels, which peels do not affect; laxity and deep lines, since a peel resurfaces rather than lifts; and lesions or moles, which are removed, never peeled.

How does a peel compare with microdermabrasion?

Microdermabrasion abrades dead cells mechanically with essentially no downtime, and suits dullness and rough feel. A peel works chemically and can go deeper, reaching tone, surface pigment and congestion.

How does it compare with needling or laser?

Needling and laser reach the dermis and change contour and collagen; a peel mainly works at and just below the surface. Laser is the most precise and the most expensive.

Why start with a peel at all?

Because if it does not deliver, you have spent one session rather than committed to a course of something costly.

Can I have a peel with darker skin?

Superficial peels are widely and safely used across skin types. Medium and deeper peels carry a higher risk of persistent pigment change, so they are approached with lower strengths, shorter contact times and more sessions.

Can I have a peel for melasma?

Cautiously. Melasma is driven by hormones and by heat and inflammation, and an aggressive peel can worsen it. The approach is superficial, conservative and combined with topicals.

When is a peel avoided or deferred?

With active infection or cold sores, open wounds, eczema or dermatitis in the area, recent oral acne medication, pregnancy, recent sun exposure or sunburn, and a history of keloid scarring.

Can I have one while pregnant?

It is deferred. Skin is also more prone to pigmentation during pregnancy, which is a second reason to wait.

Will it lift sagging skin?

No. A peel improves tone and surface texture. If descent is your main concern, a peel will improve your skin and leave the thing that bothers you unchanged.

Will the pigmentation come back?

It can. Maintenance and daily sun protection are what determine whether a result holds.

What are the risks?

Redness, stinging, tightness and peeling; pigment changes that can persist, more likely in darker skin; worsening of melasma with over-aggressive peeling; blistering and chemical burn; scarring, uncommon and mainly with deeper peels; infection including cold sore reactivation; prolonged redness; allergic or irritant reaction; increased sun sensitivity; and incomplete improvement.

When should I call us?

Blistering, weeping, a raw area, pain increasing rather than decreasing after the first day, spreading redness or swelling, pus, fever, a cold sore outbreak, or peeling that has not finished after about ten days.

What does it cost?

As at September 2024 and including GST, a skin assessment is $50 and dermal skin treatments start from $130. Ask for the cost of the full course, and for the cost of maintaining the result over a year. Not covered by Medicare, and we are not a no-gap provider.

Who performs peels?

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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.