Epidermal Levelling Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-rejuvenation-and-treatments/epidermal-levelling-treatments/

Details:

Epidermal levelling — also called dermaplaning — uses a specially designed surgical blade, held at an angle and drawn gently across the skin, to remove the stratum corneum (the outermost layer of dead cells) together with the fine vellus hair on the surface.

The result is an immediately smoother surface, a brighter appearance, and better penetration of skincare applied afterwards — there is no longer a layer of dead cells and fine hair in the way.

It is a surface treatment with essentially no downtime.

What it is used for

Dullness and uneven texture

Fine vellus hair on the face (the soft, light “peach fuzz”)

Surface build-up of dead skin

Make-up that sits unevenly or catches on fine hair

Preparing the skin before other treatments, and maintaining between them

Superficial pigmentation and fine lines, modestly

Epidermal levelling or microdermabrasion?

Both exfoliate the surface and we offer both, so the useful question is which one your skin actually needs.

Choose epidermal levelling if fine hair and surface smoothness are the issue. The blade removes vellus hair as well as dead cells, which is why make-up sits noticeably better afterwards. A suction-based treatment cannot do that.

Choose microdermabrasion if congestion is the issue. Its suction draws debris out of blocked pores; a blade only works on the surface, so blackheads and clogged skin are better served there.

Levelling suits thin or fragile skin better , because there is no suction and therefore no risk of bruising or pinpoint marks around the eyes.

Comfort: most people describe levelling as a light scraping, and many find it more comfortable than microdermabrasion.

Neither builds collagen. For scarring, deep pigmentation or laxity, you want needling or laser — not either of these.

They are often alternated across a maintenance cycle rather than chosen once and for all.

Why this is not shaving your face

The comparison is understandable, and the difference is worth setting out, because home dermaplaning tools are widely sold and people reasonably ask why they should pay for something they

could apparently do themselves.

The blade is different. A single-use sterile surgical blade is designed to cut cleanly at a shallow angle. A facial razor is designed to cut hair while riding over skin without touching it — which is why it removes far fewer dead cells, and why it cannot do what this treatment does.

The angle and tension are the technique. The skin is held taut with one hand and the blade is drawn at a consistent shallow angle with the other. Too steep and you cut; too flat and nothing comes off. That is what training buys.

Nothing goes over a lesion. Raised moles, skin tags and anything unexplained are identified at assessment and worked around, not over. A blade taken across a raised lesion at home is a genuine and avoidable injury.

Sterility. A fresh blade per person, on cleansed skin, with proper preparation afterwards. A tool kept in a bathroom drawer is not that.

No dry passes and no repeated passes over the same area. Going over an area a second time to get more off is the commonest home mistake and the commonest cause of a raw patch.

If you have been doing it yourself, say so rather than leaving it out. It changes what your skin has been through and nobody will comment on it.

The facial hair question

The most common worry about this treatment is whether the hair grows back thicker or darker. It does not.

Vellus hair is cut at the surface rather than removed from the follicle, and cutting a hair does not change the follicle that produces it. What it does change is the tip: an uncut hair tapers to a fine point, while a cut one has a blunt end that can feel coarser for a few days as it grows out. The hair itself is the same thickness and colour it was.

This treatment removes vellus hair. It is not a treatment for terminal hair — the coarser, pigmented hair on the upper lip or chin — which needs a different approach.

The penetration effect cuts both ways

Removing the outer layer of dead cells is exactly why products work better afterwards. It is also why the treatment has to be sequenced properly with everything else.

Freshly levelled skin absorbs more of whatever is put on it. A serum that normally tingles can sting. An acid applied that evening reaches further than it was formulated to. A peel performed over skin levelled the same week goes deeper than the practitioner intended for that strength — which is how a superficial peel produces a medium-peel recovery, and occasionally a mark.

Practically:

Do not resume retinoids or exfoliating acids for 48 hours. Not a suggestion — the barrier that normally moderates them is not there.

Space levelling and peels. They are both exfoliation, and stacking them in the same week is one deep treatment wearing the label of two mild ones.

Sunscreen daily without exception. The layer that was doing part of that job has been removed.

Any product applied in the treatment room is chosen for this , which is a reason to have it done rather than improvise afterwards.

If you are planning around an event

This is the treatment most often booked before a wedding, a photograph or an occasion, and it is one of very few that genuinely suits that, because the result is immediate and the recovery is essentially nothing.

When	Whether it works
2–5 days before	The sweet spot. Any pinkness has gone, the skin is at its smoothest, and make-up sits beautifully.
The day before	Usually fine, but it leaves no margin. If your skin is reactive or this is your first time, do not do this.
The morning of	Not advised. Slight pinkness for an hour or two is normal and you have no room to absorb it.
A week or more before	Works, though the effect is at its best in the first few days.
First-ever treatment, close to an event	Have your first one at least a few weeks out, so you know how your skin responds before it matters.

Do not add a peel, laser, needling or a new active in the same week as an event simply because levelling turned out to be easy. The easy recovery belongs to this treatment, not to the others.

Is it right for you?

Good fit: noticeable peach fuzz, make-up that catches or sits unevenly, dull surface texture, or wanting a visible improvement with no downtime before an event.

Good fit: thin or easily bruised skin, where suction-based exfoliation is less comfortable.

Poor fit: congestion and blackheads, which need suction; or scarring, deep pigmentation and laxity, which need something that reaches the dermis.

Not now: anything on the exclusion list below.

Who it suits particularly

Dry and mature skin. Surface build-up is heavier when cell turnover slows, and removing it makes moisturiser and serums work noticeably better. This group often sees the most obvious immediate difference.

Anyone whose make-up catches. The single most reliable complaint this treatment solves, and the one people are most surprised by.

Thin, fragile or easily bruised skin. No suction, no heat, no light — among the gentlest in-clinic options available.

Darker skin types. No heat and no light means none of the melanin-related risk that governs laser and IPL choices. Post-inflammatory pigmentation from irritation is still possible, so technique and aftercare matter, but this is one of the more accessible treatments across skin types.

Pregnancy. One of the few in-clinic skin treatments not routinely deferred, since nothing is absorbed, injected or heated. Confirm with your practitioner, and note that retinoids in a home routine are still out.

Oily and congested skin. The group this suits least. It will smooth the surface and leave the blocked pores exactly where they are.

What to expect

A treatment takes around 30 minutes . There is no anaesthetic and no injection; most people describe it as a light scraping sensation, and many find it more comfortable than microdermabrasion.

Afterwards the skin may look slightly pink for an hour or two and feels notably smooth. Make-up can be applied the same day.

For 48 hours: no sun exposure, no exfoliating actives or retinoids, no saunas or hot showers. Use sunscreen daily — freshly levelled skin has lost its outer protective layer and is more sun-sensitive.

Because the outer layer renews continuously, the effect lasts around three to four weeks , and the treatment is usually repeated on that cycle.

How a course runs

Skin assessment — including whether any raised lesions or moles sit in the treatment path, which are worked around rather than over.

A written plan and quote , covering the repeat cycle rather than one session.

Treatment , around 30 minutes.

Repeat every three to four weeks , matching the rate at which the outer layer renews.

A home routine alongside, taking advantage of better product penetration afterwards.

Tell your practitioner about recent sunburn, cold sores, oral acne medication, or any active skin condition in the area.

What sits outside this treatment

We do not level over a mole, a skin tag or an unexplained lesion. It is worked around, and anything that needs assessment is assessed.

We do not treat terminal hair with this. Coarse pigmented hair on the lip or chin needs a different method.

We do not present it as a collagen treatment. It does not reach the dermis and does not remodel anything.

We do not stack it with a peel or laser in the same week to produce a bigger result.

We do not sell it as a course paid upfront. It is repeated when your skin is ready, on a cycle you can stop at any time.

What you should leave with

A written plan and quote covering the repeat cycle

The 48-hour aftercare instructions in writing

Which products to pause and when to resume them

A clear statement that this is a surface treatment with a three-to-four-week effect

A note of which lesions were worked around, and whether any should be looked at

Who it does not suit

Active inflammatory or cystic acne in the area

Active eczema, psoriasis or dermatitis

Open wounds, active cold sores or skin infection

Raised lesions or moles in the treatment path — these are worked around, not over

Recent sunburn

Recent use of oral acne medication

Very thin or fragile skin

It is generally well tolerated across skin types, because it does not use heat or light.

What results are realistic

Immediately smoother, brighter skin with less visible fine hair, and make-up that sits better. That result is real and reliable, and it is also temporary — three to four weeks is typical .

Epidermal levelling does not treat scarring, deep pigmentation, deep lines or laxity, and it does not stimulate collagen the way needling and laser do. It is an excellent surface treatment and nothing more than that. Individual results vary.

Aftercare: what is expected and what is not

Slight pinkness for an hour or two, and notably smooth skin, are the normal result. A blunt-feeling regrowth of vellus hair over the following days is expected and does not mean the hair has changed.

Skin is temporarily more reactive to products it normally tolerates, so reintroduce actives gradually rather than the next morning.

Contact us for a nick or graze that does not heal, increasing redness, any sign of infection, or a cold sore appearing afterwards.

Risks

Redness for a short period after treatment

Dryness or tightness

Small nicks or grazes, uncommon with proper technique

Temporary increased sensitivity, including to skincare that is normally tolerated

A temporary breakout

Infection, uncommon

Post-inflammatory pigmentation, more likely in darker skin types

Aggravation of active acne, rosacea or dermatitis

Increased sun sensitivity afterwards

See risks of cosmetic treatments .

Cost

As at September 2024 and including GST, a skin assessment is $50. Dermal skin treatments start from $130. Not covered by Medicare.

Because the effect lasts three to four weeks, ask what a year of treatment costs rather than a single session — that is the figure that reflects what maintaining it actually involves. 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: microdermabrasion , cosmeceutical skincare , all skin treatments .

Common questions about epidermal levelling

What is epidermal levelling?

A specially designed surgical blade, held at an angle and drawn gently across the skin, removes the outermost layer of dead cells together with the fine vellus hair on the surface.

What does it achieve?

An immediately smoother surface, a brighter appearance, and better penetration of skincare applied afterwards — there is no longer a layer of dead cells and fine hair in the way.

Is there downtime?

Essentially none. Slight pinkness for an hour or two, and make-up can go on the same day.

Will the hair grow back thicker or darker?

No. Vellus hair is cut at the surface, not removed from the follicle, and cutting a hair does not change the follicle. The tip changes — an uncut hair tapers to a point, a cut one is blunt and can feel coarser for a few days — but the hair is the same thickness and colour.

Does it remove upper lip or chin hair?

No. It removes vellus hair, not terminal hair — the coarser, pigmented hair — which needs a different approach.

Is this just shaving my face?

No. A single-use sterile surgical blade cuts cleanly at a shallow angle and removes dead cells as well as hair; a facial razor is designed to ride over the skin and cut hair only. The angle, the skin tension and working around lesions are the technique.

Can I do it at home?

Home tools exist, but the risks are real: a blade taken over a raised mole or skin tag, repeated passes over the same area producing a raw patch, a tool that is not sterile, and no assessment of what is in the treatment path. If you have been doing it yourself, mention it — it is useful information, not a confession.

How is it different from microdermabrasion?

Levelling uses a blade and removes vellus hair as well as dead cells. Microdermabrasion uses suction, which draws debris out of blocked pores — better for congestion, which a blade cannot reach.

Which should I have?

Levelling for fine hair, surface smoothness and make-up that catches; microdermabrasion for congestion and blackheads. Many people alternate them across a maintenance cycle.

Does either build collagen?

Neither. For scarring, deep pigmentation or laxity you want needling or laser.

Why does it make my skincare work better?

Because the layer of dead cells that normally slows absorption has been removed.

Is that always a good thing?

Not automatically. Freshly levelled skin absorbs more of whatever goes on it, so a serum that normally tingles can sting, and an acid reaches further than it was formulated to. That is why actives are paused for 48 hours.

Can I have a peel in the same week?

No. Both are exfoliation, and stacking them makes one deep treatment wearing the label of two mild ones — which is how a superficial peel produces a medium-peel recovery.

How long does a treatment take?

Around 30 minutes, with no anaesthetic and no injection.

Does it hurt?

Most people describe a light scraping sensation, and many find it more comfortable than microdermabrasion.

How long does the result last?

Around three to four weeks, because the outer layer renews continuously. The treatment is usually repeated on that cycle.

When should I have it before an event?

Two to five days before is the sweet spot — pinkness has gone and the skin is at its smoothest. The day before usually works but leaves no margin, and the morning of is not advised.

What if it would be my first one?

Have it at least a few weeks before the event, so you know how your skin responds before it matters.

What are the 48-hour rules?

No sun exposure, no exfoliating actives or retinoids, no saunas or hot showers, and sunscreen daily — the outer protective layer has been removed.

Who does it suit best?

Dry and mature skin with surface build-up; anyone whose make-up catches on fine hair; thin, fragile or easily bruised skin; and people wanting a visible improvement with no downtime.

Is it suitable for darker skin?

Generally yes. There is no heat and no light, so none of the melanin-related risk that governs laser and IPL. Post-inflammatory pigmentation from irritation is still possible, so technique and aftercare matter.

Can I have it while pregnant?

It is one of the few in-clinic skin treatments not routinely deferred, since nothing is absorbed, injected or heated — but confirm with your practitioner, and retinoids in a home routine are still out.

Who does it suit least?

Oily and congested skin. It will smooth the surface and leave the blocked pores exactly where they are.

When is it not done?

With active inflammatory or cystic acne in the area, active eczema, psoriasis or dermatitis, open wounds, cold sores or skin infection, recent sunburn, recent oral acne medication, or very thin fragile skin. Raised lesions and moles in the path are worked around, never over.

What are the risks?

Short-lived redness, dryness or tightness, small nicks or grazes which are uncommon with proper technique, temporary sensitivity to products normally tolerated, a temporary breakout, uncommon infection, post-inflammatory pigmentation more likely in darker skin, aggravation of active acne, rosacea or dermatitis, and increased sun sensitivity afterwards.

When should I contact us?

A nick or graze that does not heal, increasing redness, any sign of infection, or a cold sore appearing afterwards.

What does it cost?

A skin assessment is $50 and dermal skin treatments start from $130, as at September 2024 including GST. Ask what a year costs rather than a single session, since the effect lasts three to four weeks. 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.