How Results Are Judged - Me Clinic Melbourne

Canonical: https://www.meclinic.com.au/success-stories/

Details:

When you ask us what a good outcome looks like, we start with what you hope treatment will change. This page sets out what a good outcome in cosmetic medicine is actually measured by, why we do not publish a success rate, and how you can judge a result — yours or anyone's — using something better than an impression.

Two related pages sit alongside this one: the before and after gallery , which explains how to read images, and patient stories , which explains why you will not find testimonials on this site.

Why we publish no success rate

It is a fair question to ask a clinic, and the honest answer is that the number would be meaningless.

There is no standard definition. Success could mean the procedure was completed, no complication occurred, the surgeon was satisfied, the patient was satisfied, or no revision was needed. Those produce very different numbers from the same cases.

There is no defined denominator. Everyone treated? Everyone who returned for follow-up? People who did not come back are the ones you would most want counted, and they are exactly the ones missing.

Nobody verifies it. No independent body audits a cosmetic clinic's self-reported outcome figures in Australia.

It is not comparable between clinics. A practice that declines difficult cases will report better numbers than one that accepts them, while doing less good.

Unsubstantiated claims are not permitted in advertising a regulated health service in any event.

So when you see "98% satisfaction" anywhere, the question is not whether to believe it. It is: satisfaction with what, measured how, asked of whom, and when? A clinic that can answer all four is unusual. One that cannot has given you a decoration, not a statistic.

What is actually measured in serious practice

Outcomes in this field can be measured properly. Here is what real measurement looks like, so you can recognise it — and ask for it.

1. Validated patient-reported outcome measures

Researchers have developed questionnaires specifically for this field — BREAST-Q, FACE-Q and BODY-Q are the best known — which ask standardised questions about appearance, physical symptoms, psychological wellbeing and satisfaction with care, scored so that a change can be measured rather than described.

The reason they matter is that they capture your view in a form that can be compared before and after, and between people. "She was thrilled" cannot be compared with anything.

2. Functional measures, where a function is involved

Where a procedure addresses something that does a job, the job can be measured:

A visual field test before upper eyelid surgery, done twice — once with the lid skin taped up — to show what the lid is actually blocking

A symptom score plus tape-measure ankle and calf circumference for vein treatment

Nasal airflow assessment where breathing is part of the reason for rhinoplasty

Shoulder grooving, rash and pain scores before breast reduction

Skin irritation frequency where an overhang or fold is causing it

3. Standardised photography

Same camera position, same distance, same lighting, same background, same poses, same interval. Photographs taken this way are evidence. Photographs taken any other way are decoration — see how to read a gallery .

4. Complication and revision rates

The honest metrics, and the ones nobody advertises: how often does this surgeon see a haematoma, an infection, a wound problem, a revision? These figures exist in any well-run practice because they have to be known, and a surgeon who does an operation regularly can tell you theirs.

5. Registry data, where a registry exists

For breast devices, Australia has the Australian Breast Device Registry , which tracks implants and revision surgery nationally on an opt-out basis. It is the nearest thing in this field to independent outcome data, and it exists precisely because self-reported figures were not enough. Ask whether your device will be recorded in it.

The four questions that beat any statistic

You do not need a clinic's numbers to have a rigorous conversation. You need these, asked of the person who will treat you:

"How many of these did you do in the last twelve months?" Recency and volume for this operation, not a career total across everything.

"What is your revision rate for this, and what usually causes it?" A specific answer with a named commonest cause is a good sign. "Very low" is not an answer.

"Can you show me a case that did not go as well as hoped?" Everyone has them. Only some will show you.

"What would you expect for me, including the less-good end of the range?" A range with a downside in it is the sound of someone being straight with you.

Two more worth adding if the procedure involves a device or a course of treatment: "What happens at ten years?" and "What is the maintenance, and what does it cost?"

Defining success for yourself, before you start

The most useful measurement is the one you set in advance, because afterwards it is almost impossible to remember accurately what you originally minded about. Write it down before the first

consultation.

Name the specific thing. Not “my stomach” but “the fold that sits over my waistband when I sit down”. Not “my face” but “the hollow under my eyes in overhead light”.

Say how often it affects you , and in what situations. Daily at work, or twice a year on holiday, are different problems.

Score it out of ten today — how much it bothers you. Do the same at three months and a year.

Record one objective measure if there is one: a tape measurement, a symptom count, a garment size, how far you can walk before your legs ache.

Take your own standardised photographs — same place, same light, same pose, no filters.

Write down what you expect to be different in your life. This is the one to reread later, and the one most worth being honest about.

Then set the date you will judge it. Not two weeks — three months for a first fair look, twelve months for the settled result on most surgery. Judging at peak swelling is how people conclude that a good operation failed.

What success is not

It is not an absence of scars. Every incision leaves one. Success is a scar in a sensible place that matures well.

It is not symmetry. Nobody is symmetrical, and a result forced towards symmetry usually looks wrong.

It is not looking like the reference photograph. That person has different anatomy, and the photograph was taken in different light.

It is not never thinking about it again. Most people notice the treated area more, not less, for a while.

It is not someone else noticing. A good result on the face is usually described as looking well, not as looking operated on.

It is not permanence. Ageing continues, devices are replaced, injectables wear off, veins recur.

When the honest measure is “this was not the right procedure”

A consultation that ends without a booking can be the most successful one in the file, and it happens for good reasons: the concern was better addressed another way, the timing was wrong, the expectation could not be met, or the thing that was really bothering the person was not the thing surgery changes.

That is why our commitment is to state limits as often as benefits, and why saying no is written into how we practise. A clinic whose only measure of success is a procedure performed has the wrong measure.

Where to look next

If you want	Read
To see results and know how to read them	Before and after gallery
To know why there are no testimonials	Patient stories
The questions to ask any practitioner	Choosing the right practitioner
What can go wrong	Risks and complications
What the law requires before surgery	Cosmetic surgery rules

What we commit to	Responsible cosmetic surgery

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form . Consultations as at September 2024, including GST: Specialist Plastic Surgeon $350, Cosmetic Doctor $150. We are not a no-gap provider.

Since 1 July 2023, cosmetic surgery requires a GP referral, psychological screening, at least two consultations before booking — one of them in person with the operating surgeon — and a cooling-off period of at least seven days for adults.

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.

Common questions about measuring results

Why do you not publish a success rate?

Because the number would be meaningless. There is no standard definition, no defined denominator, no independent verification, and no comparability between clinics — and unsubstantiated claims are not permitted in advertising a regulated health service.

What should I ask when I see a satisfaction figure?

Satisfaction with what, measured how, asked of whom, and when. A clinic that can answer all four is unusual.

Can outcomes be measured properly at all?

Yes — with validated questionnaires, functional measures, standardised photography, complication and revision rates, and registry data where a registry exists.

What are BREAST-Q, FACE-Q and BODY-Q?

Validated patient-reported outcome measures developed for this field. They ask standardised questions about appearance, symptoms, wellbeing and satisfaction, scored so change can be measured and compared.

What functional measures exist?

Visual field testing before eyelid surgery, symptom scores and ankle or calf circumference for veins, nasal airflow assessment, shoulder grooving and pain scores before breast reduction, and skin irritation frequency where a fold causes it.

What makes a photograph evidence rather than decoration?

Same camera position, distance, lighting, background, poses and a stated interval. Anything else is decoration.

What is the Australian Breast Device Registry?

A national registry that tracks breast implants and revision surgery on an opt-out basis — the nearest thing in this field to independent outcome data. Ask whether your device will be recorded in it.

What should I ask my surgeon instead of asking for statistics?

How many of these they did in the last twelve months; their revision rate for this operation and its commonest cause; whether they will show you a case that did not go well; and what they expect for you including the less-good end.

What is a good answer about revision?

A specific figure with a named commonest cause. “Very low” is not an answer.

How do I define success for myself?

Name the specific thing, say how often it affects you, score it out of ten, record one objective measure, take standardised photographs, and write down what you expect to be different in your life.

When should I judge the result?

Three months for a first fair look and twelve months for the settled result on most surgery. Judging at peak swelling is how people conclude a good operation failed.

Is success an absence of scars?

No. Every incision leaves one. Success is a scar in a sensible place that matures well.

Should I expect symmetry?

No. Nobody is symmetrical, and a result forced towards symmetry usually looks wrong.

Should I expect to look like the reference photograph?

No. That person has different anatomy and the photograph was taken in different light.

Will people notice?

A good facial result is usually described as looking well rather than as looking operated on.

Are results permanent?

No. Ageing continues, devices are replaced, injectables wear off and veins recur.

Is a consultation without a booking a failure?

No — it can be the best outcome in the file, where the concern was better addressed another way, the timing was wrong, or the expectation could not be met.

Where do I find your results?

In the before and after gallery, and in consultation where cases can be matched to your own starting point.

Why are there no patient testimonials anywhere on this site?

Testimonials about regulated health services are prohibited under section 133 of the National Law. See patient stories.