# Facial Rejuvenation & Anti-Ageing Treatments in Melbourne: The Complete Guide to Surgical and Non-Surgical Options for Natural Results

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## Details:

## Me Clinic: Facial Rejuvenation & Anti-Ageing Treatments in Melbourne — The Complete Guide to Surgical and Non-Surgical Options for Natural Results

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## Executive Summary

At Me Clinic, we know that deciding to explore facial rejuvenation is deeply personal. With over 35 years of experience, we've become Melbourne's trusted destination for the full range of surgical and non-surgical anti-ageing treatments, all delivered with our commitment to Responsible Cosmetic Medicine™ and natural, evidence-based results.

Facial rejuvenation is no longer a niche pursuit. Australia's facial injectable market alone was estimated at AUD 3.8 billion in 2023 and is projected to grow at a CAGR of 19.3% from 2024 to 2030 — a figure that reflects a genuine cultural shift in how Australians think about their appearance. In Melbourne specifically, that shift intersects with one of the world's most demanding UV environments, a rapidly evolving regulatory framework, and a clinical marketplace that ranges from world-class plastic surgery to unregistered operators working out of hotel rooms.

This guide brings together the full spectrum of facial rejuvenation science and clinical practice — from the molecular biology of collagen decline and craniofacial bone resorption, through every non-surgical modality available in Melbourne today, to the surgical procedures that address what injectables and energy devices simply cannot. It explains how sophisticated treatment protocols layer these approaches into multimodal plans that produce results that look natural precisely because they address ageing across every tissue plane simultaneously. It covers what things cost, how to verify that your practitioner is qualified and compliant, and how to protect your investment with evidence-based maintenance.

Whether you're in your late 30s exploring preventive options, in your 50s weighing surgery against non-surgical alternatives, or simply trying to understand what is actually happening to your face and what can be done about it — this is where your research starts and, for most questions, where it ends.

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## Part 1: The Science of Facial Ageing — Why Understanding the Biology Changes Everything

Most people who come to us seeking facial rejuvenation describe what they *see* — a deepening nasolabial fold, hollowed temples, a softening jawline. What they rarely understand is *why* those changes are happening. This distinction matters clinically. It's the difference between a treatment plan

that genuinely addresses the underlying anatomy and one that simply reacts to surface appearances.

Facial ageing is not a single-layer skin problem. It involves distinct but interdependent changes to all anatomical layers, including bones, ligaments, muscles, the superficial musculoaponeurotic system (SMAS), fat, and skin. Bone resorption and remodelling, together with hypertrophy or atrophy of fat pads, lead to repositioning of ligaments — which can manifest as loss of smooth transition zones between facial areas, hollowing in the cheeks and temples, and sagging at the jowl.

Understanding each layer's independent trajectory — and how they interact — is what separates a clinically informed treatment plan from a superficial one. (This is explored in full technical depth in our companion article, *How the Face Ages: The Science Behind Wrinkles, Volume Loss, and Skin Laxity*.)

### Layer 1: The skin — the 1% rule and what it means

One of the most clinically significant facts in facial ageing science is the rate of collagen loss. After age 20, a person produces approximately 1–1.5% less collagen in the skin each year — a figure confirmed by research published in *npj Aging* (Nature Portfolio, 2025). The cumulative effect is substantial: women lose up to 30% of their skin collagen in the first five years after menopause, then approximately 2% per year thereafter. This hormonal acceleration explains the sudden shift many women notice in their facial appearance in their late 40s and early 50s, even with diligent skincare.

Type I collagen — accounting for 80–85% of the dermal extracellular matrix — provides the tensile strength and structural durability of the dermis. As it declines, a self-reinforcing cycle begins: collagen fragmentation impairs the mechanical environment that fibroblasts need to synthesise new collagen, so destruction accelerates while replacement diminishes. Hyaluronic acid — the molecule responsible for retaining water within the dermis — also decreases with age, compounding the loss of skin volume and hydration.

### Layer 2: Facial fat — compartmental atrophy and redistribution

Skin changes alone don't tell the full story. The face's fat is organised in discrete anatomical compartments that age independently. With advancing age, subcutaneous fat is lost in the periorbital, forehead, malar, temporal, mandibular, and perioral regions — while fat in the sub-mental area, jowls, and infraorbital pouches *increases* due to gravitational redistribution. The result is a characteristic transition from the youthful inverted-triangle facial shape — full in the upper face, narrow at the jaw — to an older, heavier-based appearance with hollowed cheeks and accumulation at the jowl line.

### Layer 3: Facial bones — the underappreciated foundation

Perhaps the most clinically underappreciated driver of facial ageing is the skeleton. Research published in the *Journal of Plastic and Reconstructive Surgery* documents approximately 1% bone loss per year after age 40. The orbital aperture widens, making the eyes appear more sunken. The midface bone recedes, reducing support for overlying soft tissue. The mandible loses height and angle, softening the jawline and chin profile. These skeletal changes create cascading shifts in the overlying soft tissue and retaining ligaments — and when combined with fat atrophy, they produce the complex, multi-layered appearance of an aged face that no single treatment can fully address.

### Layer 4: Facial muscles — dynamic lines and structural decline

Repetitive muscle contractions — of the orbicularis oculi, frontalis, corrugators, and others — create expression lines in youth that become permanently etched into the skin as collagen support weakens. Ageing muscles also lose tone and strength, contributing to brow ptosis, downturned mouth corners, and loss of the lifted, youthful facial contour. This muscle-specific ageing is the primary target of botulinum toxin therapy, which we administer with precision to achieve results that honour your natural expression.

### The Melbourne amplifier: photoageing and Australia's UV environment

For our Melbourne patients, intrinsic ageing doesn't operate in isolation. Australia experiences some of the highest UV radiation levels in the world, and Melbourne's UV risk is deceptively persistent: UV levels of 3 or above can occur even on cooler or overcast days, and the high-risk months — January through March, November and December — carry a burn time of just 10 minutes.

The mechanism is well-established. UVA radiation penetrates deeply into the dermis and activates signalling pathways that increase expression of matrix metalloproteinases (MMPs), accelerating degradation of type I and III collagen and elastin. UVB radiation contributes reactive oxygen species and directly damages DNA. Following UV irradiation, research demonstrates a threefold increase in collagen degradation within 24 hours. A Melbourne patient who has spent decades outdoors — at the beach, on sporting fields, or commuting without adequate sun protection — will typically present with significantly more advanced photoageing than their chronological age would predict. This UV amplification effect runs through every section of this guide: it affects treatment candidacy, maintenance protocols, product selection, and long-term results.

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## Part 2: Non-Surgical Facial Rejuvenation in Melbourne — Every Modality Explained

Advances in medical science have led to longer lifespans and growing demand for cosmetic procedures aimed at preserving youthfulness. A wide range of clinical options now targets facial ageing, offering invasive and non-invasive treatments tailored to individual needs, medical factors, and financial considerations.

Non-surgical facial rejuvenation is not a single category — it's a collection of distinct modalities operating across different tissue depths and biological mechanisms. Understanding this framework helps match your concern to the right treatment tier, and avoids the common mistake of using a volume-restoring filler to address a problem that is fundamentally a skin-quality issue, or vice versa. (A full treatment-by-treatment reference is available in our companion article, *Non-Surgical Facial Rejuvenation in Melbourne: Every Treatment Option Explained*.)

### Anti-wrinkle injections (botulinum toxin type A)

Anti-wrinkle injections remain one of the most requested non-surgical treatments at Me Clinic — and for good reason. They are the best-studied method in non-surgical facial rejuvenation, with multiple randomised controlled trials supporting their safety and efficacy. The mechanism involves temporary inhibition of acetylcholine release at the neuromuscular junction, preventing the overlying skin from folding during expression. The result is softening of existing dynamic wrinkles and prevention of new ones deepening. Onset occurs within 3–14 days; duration is typically 3–6 months.

One critical limitation to understand: botulinum toxin addresses *dynamic* wrinkles caused by muscle movement. It does not address volume loss, skin laxity, or static wrinkles present at rest. We will always be honest with you about what each treatment can and cannot achieve.

### Dermal fillers (hyaluronic acid)

Hyaluronic acid (HA) fillers physically replace lost structural volume and provide scaffolding in areas where fat pad atrophy, bone resorption, and collagen decline have caused hollowing, flattening, or sagging. Mechanical stretching of fibroblasts and restoration of extracellular hydration promote fibroblast activity, upregulate collagen synthesis, and improve dermal elasticity. This dual mechanism — volumetric support and dermal bioactivation — explains the widespread use of HA fillers as a cornerstone in multimodal rejuvenation.

A critical clinical advantage is reversibility: hyaluronidase enzyme can dissolve HA filler if correction or complication management is required — a safety feature that distinguishes HA from permanent or

semi-permanent alternatives. Results appear immediately (with swelling resolving over 1–2 weeks); duration ranges from 6–18 months depending on product, placement depth, and area treated.

### Biostimulators: Sculptra (poly-L-lactic acid)

Sculptra (PLLA) takes a fundamentally different approach — one that works with your body's own regenerative capacity. Rather than physically filling a space, it triggers the body's own collagen-manufacturing process. PLLA is injected into the reticular dermis or subcutaneous fat to gradually stimulate collagen formation over a course of treatments, leading to gradual volume restoration over 3–6 months. The TGA expanded its approved indications for Sculptra in 2023 to include fine lines and wrinkles in the cheek area, reflecting a maturing evidence base. A 2024 randomised controlled trial reported a 67.6% improvement in wrinkle severity at 52 weeks with over 90% patient satisfaction.

### HIFU (high-intensity focused ultrasound)

HIFU is the only non-surgical modality that reaches the SMAS layer — the same tissue plane targeted in surgical facelifts. Multiple small thermal injury zones of approximately 1 $mm^3$ are created at predetermined depths without damaging surrounding tissues, inducing immediate collagen contraction and stimulating neocollagenesis for more than one year. HIFU achieves 18–30% laxity reduction. A 2025 systematic review confirmed that more than 90% of patients showed improvement in skin tightness following a single microfocused ultrasound treatment. HIFU is particularly well-validated for patients with mild-to-moderate skin laxity along the jawline, jowls, lower face, neck, and brow. To be clear: HIFU is not a substitute for surgical facelift in patients with significant tissue ptosis, and we will always advise you honestly about which approach is most appropriate.

### Radiofrequency (RF) skin tightening

A 2025 systematic review of 15 studies comprising 1,230 participants found that RF treatments consistently improved aesthetic outcomes. Skin texture improved in 71–100% of patients, and skin firmness improved in 52.9–100%. Patient satisfaction rates ranged from 82–100%. RF microneedling (e.g., Morpheus8) combines fractional needling with RF energy delivery, enabling deeper penetration and simultaneous surface resurfacing — particularly effective for patients whose primary concern is skin quality, acne scarring, or enlarged pores.

### IPL (intense pulsed light)

IPL emits broad-spectrum light selectively absorbed by chromophores in the skin (melanin and haemoglobin), making it highly effective for pigmentation irregularities and vascular lesions. In Melbourne's high-UV environment, where photoageing compounds intrinsic ageing significantly, IPL is frequently a foundational treatment in rejuvenation protocols — addressing the sun damage, freckles, age spots, and broken capillaries that are common in Melbourne's outdoor population. Our team incorporates IPL as part of comprehensive protocols for patients presenting with significant photoageing, always tailoring the approach to your individual skin profile.

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## Part 3: Surgical Facial Rejuvenation in Melbourne — What Surgery Can Do That Nothing Else Can

For many of our Melbourne patients, a turning point arrives — not with a single new wrinkle, but with the quiet realisation that non-surgical treatments are no longer keeping pace with what the mirror reflects. When significant jowling, loose neck skin, heavy upper eyelid hooding, or deep midface descent are the primary concerns, the conversation naturally shifts toward what surgery can offer.

Surgical facial rejuvenation offers something no topical product or non-invasive device can replicate: the direct, structural repositioning of descended soft tissue, the removal of excess skin, and the restoration of the facial architecture that defines a genuinely youthful appearance. (A full surgical

reference is available in our companion article, *Surgical Facial Rejuvenation in Melbourne: Facelift, Blepharoplasty, and Beyond*.)

### Rhytidectomy (facelift): techniques and evidence

Rhytidectomy — commonly known as facelift surgery — repositions facial soft tissues to achieve a more youthful and harmonious appearance. According to the Royal Australasian College of Surgeons, rhytidectomy is among the top five most commonly performed cosmetic surgical procedures in Australia.

Modern facelift surgery is not a single technique. Key approaches include the SMAS technique (lifting and repositioning the underlying facial musculature), the deep plane facelift (addressing deeper tissue layers for more dramatic and longer-lasting results), and the subperiosteal approach (targeting the facial skeleton and soft tissue attachments). A 2025 crowdsourced outcomes study published in *Facial Plastic Surgery & Aesthetic Medicine* found that deep-plane facelifts produce more youthful outcomes than SMAS facelifts while more substantially improving perceived fitness and attractiveness in the midface. However, a 2025 systematic review and meta-analysis published in *Annals of Plastic Surgery* concluded that both SMAS and deep-plane techniques demonstrate comparable safety profiles, and that technique selection should be based on patient anatomy, desired outcomes, and surgeon expertise.

**Longevity of surgical results** is the dimension that most clearly differentiates surgery from non-surgical alternatives. A study examining 30 years of deep plane facelift outcomes found that the mean interval between a primary deep plane facelift and a secondary lift was 10.9 years. Long-term patient satisfaction data is robust: the SMAS-platysma facelift is associated with 97.8% patient satisfaction at one year and 68.5% at 12.6 years.

**Complication rates** are low in appropriately qualified hands — which is precisely why choosing a FRACS-qualified plastic surgeon matters. A large prospective cohort study of 11,300 patients found that rhytidectomy has a 1.8% major complication rate, with hematoma (1.1%) and infection (0.3%) being the most common. Regarding permanent nerve injury — the most feared complication — a 2025 systematic review of 15,404 patients found the pooled rate of nerve damage to be less than 1%. We are committed to being transparent about these risks so that every patient can make a genuinely informed decision.

### Blepharoplasty: upper and lower eyelid surgery

The periorbital region is often the first area where ageing becomes conspicuous — and carefully performed surgery here can make a meaningful difference to how patients feel about themselves. Upper blepharoplasty — removing excess skin, and where indicated redundant orbicularis muscle and herniated orbital fat from the upper eyelid — is the most common procedure in facial plastic surgery. It addresses both cosmetic and functional concerns: many patients experience significant expansion in their visual field following the procedure.

A 2024 prospective randomised controlled trial published in *Medicina* (Djordjevic et al., University of Belgrade) involving 348 patients found significant improvements in satisfaction with eyes, overall face satisfaction, psychological function, and social function following upper eyelid blepharoplasty. Over 93% of patients report high satisfaction, often feeling more confident and youthful. Complications occur in less than 10% of cases, with common issues like swelling, bruising, and asymmetry usually resolving within weeks.

One critical diagnostic distinction our team always considers: a descended brow can push tissue onto the upper eyelid, mimicking excess eyelid skin. Performing upper blepharoplasty without addressing the underlying brow ptosis can produce an over-operated, hollow appearance. Our surgeons will always assess brow position first — and may recommend a brow lift, either alone or in combination with blepharoplasty, to ensure your outcome looks natural and harmonious.

### Brow lift (forehead lift)

The endoscopic brow lift uses three to five small incisions hidden within the scalp hairline, through which an endoscope and instruments are passed to release the brow's retaining ligaments and reposition tissue. More than half of brow rejuvenation procedures performed today are endoscopic. A 2025 systematic review and meta-analysis in *Aesthetic Surgery Journal* found an average elevation of +5.6 mm in the central brow region over an average follow-up period of 66 months — confirming durable structural repositioning. Longevity typically ranges from 5–10 years depending on skin quality, lifestyle, and ongoing ageing.

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## Part 4: Surgical vs. Non-Surgical — The Evidence-Based Decision Framework

Every year, thousands of Melburnians ask themselves the same question: *Do I actually need surgery, or will non-surgical treatments get me where I want to be?* It's a question we welcome at Me Clinic — because it deserves a thoughtful, evidence-based answer. (A full comparative analysis is available in our companion article, *Surgical vs. Non-Surgical Facelift in Melbourne: Which Approach Is Right for You?*)

### The critical mechanism distinction

The fundamental difference is mechanism: surgery physically repositions and removes tissue; non-surgical treatments stimulate biology (collagen production, volumetric support) or temporarily augment structure without altering anatomy. Surgery can achieve impressive and long-lasting results and is the gold standard for facial rejuvenation; however, it carries higher risks, including scarring, infection, and nerve damage. Non-invasive and minimally invasive procedures are increasingly used because of lower risks, faster recovery, and natural-appearing results.

### When non-surgical outperforms surgery

Non-surgical treatments excel at targeting fine lines, dynamic wrinkles, mild skin laxity, and volume restoration in patients who haven't yet reached the structural threshold where surgery is indicated. They carry lower absolute risk, require no general anaesthesia, and have minimal to no downtime. For patients in their late 20s through early 40s, a well-designed non-surgical protocol addresses the full spectrum of early ageing concerns without the risks, costs, or recovery associated with surgery.

### The structural limitation threshold: when surgery is the only answer

There is a point — defined by the degree of skin laxity, fat pad descent, and SMAS ptosis — beyond which non-surgical treatments cannot produce meaningful improvement regardless of how well they are executed. We believe it is our responsibility to be honest with you when you reach that threshold. The structural thresholds at which surgery typically outperforms non-surgical alternatives include:

- Significant jowling with loss of mandibular border definition - Deep nasolabial folds caused by mid-face descent (rather than volume loss alone) - Neck laxity with platysmal banding or submental fat excess - Skin excess that cannot be tightened by collagen stimulation alone - Moderate-to-severe ptosis of the brow, mid-face, or lower face

### The staged decision framework

Rather than treating this as a binary choice, the most clinically sound approach is to think in stages, matching the intervention to the current degree of facial change:

| Life Stage | Dominant Concerns | Recommended Tier | |---|---|---| | **Late 20s – Early 40s** | Fine lines, early volume loss, skin texture, photoageing | Non-surgical only: anti-wrinkle injections, fillers, collagen stimulators, medical skincare | | **Mid-40s – Mid-50s** | Moderate laxity, early jowling, mid-face descent, deeper folds | Non-surgical for mild-moderate; surgical consultation for moderate

laxity with early jowling | | **Late 50s – 70s+** | Significant laxity, jowling, neck bands, deep folds, volume deflation | Surgical (rhytidectomy, blepharoplasty, fat grafting) with non-surgical adjuncts |

One research finding worth sharing: nearly half of patients (47%) had considered a facelift, and 44% may consider it in later life. This suggests many patients view non-surgical interventions as a deliberate way to delay surgery rather than an entirely different treatment strategy. That's not inherently problematic — deferring surgery while maintaining skin quality and volume with non-surgical treatments is clinically sound — but it should be an *informed* decision made with a clear understanding of what each pathway can and cannot achieve.

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## Part 5: Combination Rejuvenation Protocols — The Architecture of Natural Results

The most significant development in contemporary facial rejuvenation is not any single new treatment — it's the recognition that the most natural, durable results come from treating the face as a three-dimensional, multi-layered structure, not a surface to be targeted with isolated interventions.

Traditional monotherapies, while sometimes effective in isolation, are increasingly inadequate for patients who want outcomes that are natural, harmonious, and durable. Modern aesthetic practice has shifted toward multimodal approaches that address ageing across multiple planes.

(A full protocol-by-protocol guide is available in our companion article, *Combination Rejuvenation Protocols in Melbourne: How Clinics Layer Treatments for Superior Natural Results*.)

### The anatomical logic of layering

The clinical rationale for combination protocols flows directly from the multi-layered biology of facial ageing. A layered treatment plan targets: (1) bone and retaining ligaments; (2) muscles, ligaments, and the SMAS; (3) fat pads; (4) the dermis; and (5) skin quality.

Combination treatments offer an optimal response to the multifactorial process of facial ageing, which involves structural changes in all anatomical layers — bone, muscles, ligaments, adipose tissue, and skin — and dynamic interactions among these tissues. The modern concept of natural and harmonious rejuvenation is built on a comprehensive, three-dimensional, multi-layered approach, combining multiple agents and techniques to achieve relaxation, volumisation, volume repositioning, reshaping, resurfacing, or tightening, depending on specific patient needs.

### The evidence for multimodal synergy

The evidence base for combination protocols has grown substantially. At 3 months following a single-session multimodal treatment combining energy-based technologies, collagen and elastin density increased by 39.53% and 130.04% respectively, while HA density increased by 230.02%. All subjects showed overall facial improvement. Quantitative skin analysis revealed a 31.20% improvement in skin evenness, a 47.31% reduction in pores, and a 43.36% reduction in wrinkles.

An international expert panel confirmed that CPM-HA, CaHA-CMC, MFU-V, and incoBoNT-A are synergistic treatments in a layered approach to whole-face rejuvenation. Panelists agreed that facial ageing does not occur homogenously but differs based on individual characteristics and anatomic layers.

### Four high-value combination protocols

**1. Anti-wrinkle injections + dermal fillers (the foundation combination)** The most commonly deployed pairing at Me Clinic. Anti-wrinkle injections address *dynamic* ageing (lines caused by muscle movement), while dermal fillers address *static* ageing (volume loss and structural deflation). Sequencing matters: most experienced practitioners administer anti-wrinkle injections first, allowing two weeks for full effect before assessing residual volume deficits. This prevents over-filling areas that

would appear less deflated once the muscle relaxes.

**2. HIFU + bio-remodelling (skin quality and laxity)** HIFU lifts and tightens at the structural level (deep dermis and SMAS), while bio-remodelling agents like Profhilo improve the *quality* of the skin that has been lifted — one addresses architecture, the other addresses material quality. Neither alone achieves both. A critical sequencing note: HIFU should generally be performed *before* injectable therapies in the same session, to prevent mechanical disruption of freshly injected product and to allow accurate tissue-plane visualisation.

**3. Laser resurfacing + injectables (surface and structure)** Fractional laser addresses epidermal and superficial dermal concerns — pigmentation, texture, fine lines, and photodamage from Melbourne's high UV environment. Injectables address volume and muscle. The key sequencing principle: perform laser first in a staged plan, since the collagen remodelling triggered by laser may reduce apparent volume deficits, allowing the injector to assess true residual need rather than over-filling.

**4. PDO threads + HIFU (mechanical lift + biological regeneration)** PDO thread lifting provides immediate mechanical repositioning of descended tissue, while HIFU delivers ongoing collagen remodelling. A 2025 retrospective observational study published in *Plastic and Reconstructive Surgery Global Open* found that combination therapy using thread lift and HIFU prolonged the treatment effect in most participants, with consecutive combination therapy sustaining effects in a significant proportion of patients.

### How combination protocols prevent the over-treated look

The "over-treated" appearance that patients fear most is almost always the result of excessive volume in a single plane — typically too much filler in the cheeks or lips — without corresponding treatment of the other layers. A well-designed combination protocol distributes the treatment burden across multiple modalities and tissue planes, meaning no single treatment needs to do the heavy lifting. Unlike standalone therapies, which address specific aspects of skin ageing, a multimodal approach effectively targets multiple pathways simultaneously.

At Me Clinic, this philosophy of thoughtful, layered treatment is how we consistently achieve results that look like you — just refreshed and rested.

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## Part 6: Choosing a Clinic in Melbourne — Credentials, Regulation, and Red Flags

Australia's facial injectable market was estimated at AUD 3.8 billion in 2023, and that commercial scale has attracted a wide range of practitioners — from highly trained plastic surgeons and experienced cosmetic physicians to operators working with minimal supervision. Understanding the regulatory framework is your primary tool for protecting yourself.

(A full clinic-selection guide with specific questions to ask at consultation is available in our companion article, *How to Choose a Facial Rejuvenation Clinic in Melbourne: Credentials, Red Flags, and What to Ask at Your Consultation*.)

### The 2025 AHPRA regulatory transformation

On 3 June 2025, the Australian Health Practitioner Regulation Agency (AHPRA) introduced two new sets of comprehensive guidelines aimed at enhancing the safety and regulation of non-surgical cosmetic procedures. The CEO of AHPRA described the new guidelines as being about "putting patients before profits." The guidelines took effect on 2 September 2025 and impose new standards on any health practitioner who performs non-surgical cosmetic procedures.

The key changes include:

- Registered health practitioners must have an in-person or video consultation with the patient each time they prescribe a cosmetic injectable. Asynchronous prescribing by text, email, or online is not acceptable practice.

- Registered nurses are now required to have a minimum of one year of full-time general nursing experience before performing cosmetic procedures, and must complete specialised training in cosmetic practices.

- Advertising changes include a focus on higher-risk procedures, requiring advertisements to contain information about the practitioner performing the procedures, strengthening the ban on testimonials from social media influencers, and putting measures in place to stop the trivialisation or sexualisation of cosmetic procedures.

- For patients under 18, a mandatory seven-day cooling-off period is now required between the first consultation and any procedures.

Between September 2022 and March 2025, AHPRA investigated approximately 360 notifications related to non-surgical cosmetic procedures. Patient harm is not theoretical — it is documented and ongoing. Me Clinic's commitment to full compliance with the 2025 AHPRA guidelines is not simply a regulatory obligation; it reflects our foundational values.

### Verifying credentials: the non-negotiable first step

A key legal distinction exists between "cosmetic surgeons" and "plastic surgeons" — a difference not just of semantics but of significant training and accreditation. Plastic surgeons must complete years of specialised training and residency, culminating in a Fellowship from the Royal Australasian College of Surgeons (FRACS). The term "cosmetic surgeon," by contrast, is not a recognised medical specialty in Australia — any doctor can technically use the title without the extensive surgical training of a FRACS-qualified plastic surgeon.

Practitioners must prioritise informed consent for all non-surgical procedures. This includes giving clear, sufficient information in plain language, verbally and in writing, in a language the patient understands; avoiding glamorisation, minimising risks, or overstating results; disclosing their own qualifications and those of any other involved practitioners; and clearly outlining all costs, including total fees, maintenance, deposits, payment terms, and confirming no Medicare coverage.

At Me Clinic, informed consent is a genuine conversation — not a box to be ticked.

### Red flags to watch for

Complaints about cosmetic procedures can lead to regulatory action including cautions, conditions imposed on registration, or undertakings from the practitioner. Specific red flags include:

- Treatments performed in non-medical locations (private homes, hotels, "cosmetic parties") - No medical consultation before treatment, or prescribing via text or email - Unusually low prices, which may indicate counterfeit or grey-market products not assessed by the TGA - Pressure to treat multiple areas at a first appointment - No after-hours emergency contact for adverse reactions - Inability or unwillingness to provide an AHPRA registration number for verification - The TGA last financial year submitted more than 12,000 requests for removal to social media platforms over alleged unlawful advertising of therapeutic goods, including over 2,500 relating to cosmetic injectable products — meaning clinics that openly advertise injectable product names or post before-and-after injection photos on social media are likely operating in breach of TGA regulations

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## Part 7: What Facial Rejuvenation Costs in Melbourne — Realistic Pricing and Long-Term Value

Pricing is one of the least transparently communicated aspects of Melbourne's cosmetic market. Most clinic websites either omit costs entirely or list only starting-from figures. This information gap has real consequences: patients either under-budget and feel blindsided, or over-estimate costs and rule out treatments that would genuinely fit their financial situation. We believe in being open about costs as part of our broader commitment to honest, patient-centred care. (A full pricing breakdown is available in our companion article, *Facial Rejuvenation Treatment Costs in Melbourne: What to Expect and How to Budget*.)

### Melbourne price ranges at a glance (2025)

| Treatment | Entry-Level | Mid-Tier | Premium | Longevity | |---|---|---|---|---| | Anti-wrinkle injections (1–3 areas) | $200–$400 AUD | $400–$700 AUD | $700–$1,200 AUD+ | 3–4 months | | Dermal fillers (per mL) | $620–$750 AUD | $750–$1,000 AUD | $1,000–$1,400 AUD+ | 12–24 months | | HIFU (full face + neck) | $300–$600 AUD | $600–$1,200 AUD | $1,200–$2,500 AUD | 12–18 months | | Fractional CO■ laser (full face) | $559–$1,000 AUD | $1,000–$2,500 AUD | $2,500–$5,000 AUD | 1–3 years | | Mini facelift (surgical) | $12,900–$18,000 AUD | $18,000–$30,000 AUD | $30,000–$50,000 AUD+ | 7–10 years | | Full SMAS facelift (surgical) | $20,000–$35,000 AUD | $35,000–$50,000 AUD | $50,000–$65,000 AUD+ | 10–15 years |

*Note: All prices are indicative only and include GST where applicable. Surgical figures typically include surgeon fees, anaesthesia, hospital/theatre fees, and follow-up care.*

### The cost-per-year analysis: rethinking value

The most important pricing calculation most patients never see is the cost-per-year analysis. A comprehensive non-surgical maintenance programme — anti-wrinkle injections (3–4 sessions per year), dermal fillers (annually), and one energy device treatment per year — realistically costs **$3,000–$8,000 AUD per year** in Melbourne. Over 10 years, that totals **$30,000–$80,000 AUD**, with results that remain dependent on continued treatment.

A deep-plane facelift requiring revision once in a decade, with non-surgical maintenance for skin quality, may represent comparable or lower annualised cost — particularly when the degree of correction surgery achieves is factored in. This is not an argument for surgery over non-surgical treatment; it's an argument for making financially informed decisions with a long-term lens. The Cosmetic Physicians College of Australasia estimated in May 2024 that spending on dermal filler injections surged by at least 25% in 2023 in Australia — a figure that reflects both genuine demand and, in some cases, patients spending on treatments that are not well-matched to their underlying anatomy.

**A note on price as a quality signal:** Prescription medications have fixed costs. Unusually low prices for anti-wrinkle injections or dermal fillers may indicate the use of counterfeit products or grey-market imports not assessed by the TGA. At the other extreme, premium pricing does not automatically guarantee superior outcomes — practitioner skill, anatomical knowledge, and treatment planning matter far more than brand name or clinic location.

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## Part 8: Maintaining Your Results — The Long-Term Protocol

Most of the conversation in Melbourne's facial rejuvenation space focuses on the decision to treat. Almost none of it addresses what happens the morning after you leave the clinic. Yet the longevity of your results — whether from anti-wrinkle injections, dermal fillers, HIFU, or a surgical facelift — is determined less by the procedure itself and more by what you do consistently in the months and years that follow. (A full maintenance guide is available in our companion article, *Maintaining Your Facial Rejuvenation Results in Melbourne: Long-Term Skincare, Lifestyle, and Treatment Schedules*.)

### The three non-negotiable skincare actives

**1. Retinoids — the gold standard** Retinoids influence gene expression to accelerate cell turnover, stimulate collagen and elastin synthesis, and inhibit matrix metalloproteinases (MMPs) that break down collagen. In the most rigorous consensus study to date, over 96% of dermatologists recommended retinoids for anti-ageing. A 2025 Bayesian network meta-analysis published in *Scientific Reports* confirmed that isotretinoin, retinol, and tretinoin significantly improved fine wrinkles. Begin retinoids no earlier than 4–6 weeks after injectable treatments and 8–12 weeks after laser or energy-based treatments.

**2. Vitamin C — antioxidant defence and collagen synthesis** Vitamin C earned approval for both anti-ageing (88.7%) and dark spot treatment (87.1%) in a 2025 Delphi consensus study published in the *Journal of the American Academy of Dermatology*. For our Melbourne patients specifically, it plays a dual role: supporting the collagen-stimulating effects of treatments like bio-remodelling and skin needling, while providing a daily antioxidant shield against the city's high UV burden.

**3. SPF 50+ — the single most important step** UV damage is the number one cause of premature skin ageing, and in Melbourne, UV levels of 3 or above can occur even on cooler or overcast days. For post-procedure patients, diligent sunscreen use is particularly critical to reduce post-treatment pigmentation complications. Apply SPF 50+ broad-spectrum sunscreen every morning as the final step in your morning routine, and reapply every two hours during outdoor activities.

### Lifestyle factors with direct impact on treatment longevity

**Sleep:** Chronic poor sleep quality is associated with increased signs of intrinsic ageing, diminished skin barrier function, and lower satisfaction with appearance. During deep sleep, the body produces human growth hormone, which plays a critical role in collagen synthesis. For patients who have undergone collagen-stimulating treatments — HIFU, radiofrequency, Sculptra, or surgical procedures — inadequate sleep directly compromises the tissue remodelling process that delivers results. Aim for 7–9 hours of quality sleep per night.

**Nutrition:** Post-treatment skin is in an active repair and remodelling state. Adequate dietary protein (particularly from sources rich in glycine and proline), vitamin C-rich foods, omega-3 fatty acids, and antioxidant-rich polyphenols support endogenous collagen synthesis. Conversely, advanced glycation end-products (AGEs) — formed when sugars bind to collagen — cause collagen cross-linking and stiffening that directly counteracts treatment results. Limiting sugar, refined carbohydrates, and alcohol is one of the most meaningful lifestyle choices you can make for your skin.

**Smoking:** Smoking accelerates photoageing through multiple mechanisms — vasoconstriction reduces dermal blood flow, free radical production degrades collagen and elastin, and repetitive perioral muscle movements accelerate wrinkling. For surgical patients, smoking significantly impairs wound healing and increases complication risk. There is no maintenance protocol that compensates for active smoking.

### Recommended maintenance treatment cadence

| Treatment | Typical Longevity | Recommended Review |
|---|---|---|
| Anti-wrinkle injections | 3–4 months | Every 3–4 months |
| HA dermal fillers | 6–18 months | Every 9–12 months |
| Sculptra (PLLA) | 24–36 months | Every 18–24 months |
| HIFU | 12–18 months | Every 12–18 months |
| RF microneedling | 6–12 months | Every 6–12 months |
| Fractional CO■ laser | 1–3 years | Every 1–2 years |
| Post-surgical non-surgical adjuncts | Ongoing | As advised by surgeon |

The principle underlying all maintenance scheduling: return for treatment when approximately 75% of the original result remains, rather than waiting for complete regression. This maintains continuous results, often requires less product or energy, and is more cost-effective long-term.

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## Cross-Cutting Analysis: The Four Insights That Connect Everything

The cluster articles in this series each examine a specific dimension of facial rejuvenation. Synthesising them reveals four insights that no individual article can fully articulate — insights that should inform every Melbourne patient's decision-making.

### Insight 1: The ageing biology determines the treatment, not vice versa

The most common error in facial rejuvenation — at both the patient and practitioner level — is starting with a treatment in mind rather than starting with an anatomical assessment. The biology of facial ageing is specific, predictable, and layered. A patient with volume loss in the midface needs a different intervention than a patient with equivalent-looking changes caused primarily by skin laxity and SMAS descent. A patient with Melbourne-specific photoageing has a different surface-layer problem than a patient of the same age with primarily intrinsic ageing. The science of facial ageing is not background reading — it is the prerequisite for every treatment decision in this guide.

### Insight 2: The "natural results" goal requires a multi-layer strategy

The most frequent aesthetic concern patients share about facial rejuvenation — "she looks done," "he looks puffy," "it doesn't look like them anymore" — almost invariably results from over-treatment of a single tissue plane. The paradox of the natural result is that it requires more comprehensive treatment, not less: addressing the bone-level support deficit, the fat compartment volume, the SMAS laxity, the dermal collagen quality, and the epidermal surface — each with the modality calibrated to its depth. Natural results are not achieved by doing less; they are achieved by doing the right things at the right depth in the right sequence, with the skill and experience to know the difference.

### Insight 3: Melbourne's UV environment creates a unique treatment context

Melbourne is not comparable to cities in lower-UV climates. The UV environment here is categorically different — more intense, more persistent across seasons, and more damaging to the dermal collagen that every rejuvenation treatment is trying to preserve or restore. This has direct clinical consequences: Melbourne patients present with more photoageing relative to their chronological age; they are more likely to need surface-layer treatments (IPL, fractional laser) as part of any comprehensive protocol; and they face a higher ongoing maintenance burden from UV-driven collagen degradation. Sun protection is not a lifestyle recommendation in this context — it is a clinical necessity that directly affects treatment outcomes and longevity.

### Insight 4: The regulatory environment is now your best quality filter

Australians undergoing cosmetic procedures such as injections and fillers now have additional protections, as sweeping new guidelines have come into effect across the cosmetics industry. AHPRA and National Boards have published the Guidelines for practitioners who perform non-surgical cosmetic procedures and the Guidelines for practitioners who advertise higher-risk non-surgical cosmetic procedures, strengthening safeguards across the industry.

The 2025 AHPRA guidelines are the most significant regulatory transformation in Australian cosmetic medicine in years. For Melbourne patients, these guidelines function as a quality filter. A clinic that is fully compliant — conducting proper consultations, using TGA-registered products, employing practitioners with verified AHPRA registration, and providing transparent informed consent — is demonstrating a commitment to patient welfare that correlates strongly with clinical quality. Non-compliance is not just a legal risk; it signals the clinical culture you are entering.

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## Frequently Asked Questions

### What is the best facial rejuvenation treatment for someone in their 40s?

There is no single best treatment — the right approach depends on the specific structural changes present in your face. Most patients in their 40s benefit from a combination protocol: anti-wrinkle injections for dynamic lines, dermal fillers for volume loss in the midface and temples, and an energy-based treatment (HIFU or RF microneedling) for skin quality and early laxity. If moderate jowling or mid-face descent is present, a surgical consultation is appropriate — well-timed surgery at this stage may provide the longest-lasting benefit. A thorough anatomical assessment by a qualified practitioner is the prerequisite for any treatment recommendation.

### How do I know if I need a facelift or if non-surgical treatments will be enough?

The key question is the degree of structural change, not your age or how you feel about surgery. Non-surgical treatments work best for mild-to-moderate skin laxity, volume loss, and skin quality concerns. Surgery is indicated when there is significant jowling with loss of mandibular border definition, neck laxity with platysmal banding, skin excess that cannot be tightened by collagen stimulation alone, or moderate-to-severe ptosis of the brow, mid-face, or lower face. If you are unsure, a consultation with a FRACS-qualified plastic surgeon — who can assess all options objectively — is the most reliable way to answer this question.

### Are anti-wrinkle injections and dermal fillers safe in Melbourne?

When administered by a qualified, AHPRA-registered practitioner using TGA-registered products, these treatments have well-established safety profiles. Botulinum toxin has been studied in multiple randomised controlled trials. Hyaluronic acid fillers carry the rare but serious risk of vascular occlusion, which can be substantially reduced by injecting with blunt cannulas and having hyaluronidase (a reversal agent) immediately available. Verifying that your practitioner complies with the 2025 AHPRA guidelines is the most important safety step you can take.

### How long do facial rejuvenation results last?

Longevity varies significantly by treatment. Anti-wrinkle injections last 3–4 months; hyaluronic acid fillers last 6–18 months depending on product and area; HIFU and radiofrequency results last 12–18 months; Sculptra (PLLA) lasts 24–36 months; and surgical facelift results last 7–15 years depending on technique, with a mean interval between primary and secondary deep-plane facelift of 10.9 years. Post-treatment maintenance — particularly daily SPF 50+, retinoids, and vitamin C — significantly extends the longevity of all treatments by slowing the ongoing biological processes that drive ageing.

### What should I ask at a facial rejuvenation consultation in Melbourne?

Ask to see the practitioner's AHPRA registration number and confirm their current registration status. Ask what specific training and qualifications they hold for the procedure you are considering, and how many times they have performed it. Ask why the specific treatment they are recommending is the right choice for your anatomy — not just what is popular. Ask what products will be used and whether they are TGA-registered. Ask what happens if a complication occurs and who manages it. Ask for a written breakdown of all costs, including maintenance. A practitioner who cannot or will not answer these questions clearly is a red flag.

### How much should I budget for facial rejuvenation in Melbourne?

This depends entirely on your treatment goals and timeline. A basic non-surgical maintenance programme (anti-wrinkle injections 3–4 times per year, fillers annually) costs approximately $3,000–$5,000 AUD per year at mid-tier Melbourne clinics. A comprehensive non-surgical protocol including energy-based treatments can reach $5,000–$8,000 AUD per year. Surgical facelift represents a larger single investment ($25,000–$65,000 AUD depending on technique and combined procedures) but may have lower annualised cost over a decade than ongoing non-surgical maintenance. See our companion article, *Facial Rejuvenation Treatment Costs in Melbourne: What to Expect and How to Budget*, for a full cost-per-year analysis.

### Can I combine multiple treatments in the same session?

Yes — and for many patients, combination protocols produce superior results to single treatments. However, sequencing matters. HIFU should generally be performed before injectable therapies. Anti-wrinkle injections should ideally be administered at least two weeks before laser treatments. Fillers should be assessed after the neuromodulator has taken full effect. The specific combinations and timing should be designed by a qualified practitioner based on your individual anatomy and treatment goals — not by what happens to be available on the day.

### How do I protect my results after treatment?

Three non-negotiables: daily SPF 50+ broad-spectrum sunscreen (the single most important step for Melbourne patients given the UV environment), a retinoid (tretinoin, retinaldehyde, or retinol depending on skin tolerance and post-procedure stage), and a stabilised vitamin C serum applied each morning. Beyond skincare: aim for 7–9 hours of quality sleep per night, maintain adequate dietary protein and antioxidant-rich foods, limit sugar and alcohol, and don't smoke. Schedule maintenance treatments at approximately 75% of the original result's longevity — before regression becomes apparent — for the most cost-effective and visually continuous outcomes.

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## Key Takeaways

1. **Facial ageing is a four-layer structural problem** — involving the skin, fat, muscles, and bones — that requires a treatment plan addressing each layer appropriately, not a single-modality response to surface appearances.

2. **Melbourne's UV environment is a unique clinical variable** that accelerates collagen degradation, advances the presentation of photoageing, and makes year-round sun protection a clinical necessity rather than an optional lifestyle choice.

3. **Non-surgical and surgical pathways are not competing alternatives** — they are different tools appropriate for different stages of facial change. The decision between them is a clinical question based on anatomy, not a preference question based on fear of surgery or needles.

4. **Combination protocols produce the most natural results** because they distribute the treatment burden across multiple tissue planes, preventing any single modality from over-correcting a single layer — the primary cause of the "over-treated" appearance.

5. **The 2025 AHPRA guidelines are your quality filter** — a fully compliant Melbourne clinic demonstrates a commitment to patient welfare that correlates with clinical quality. Verify AHPRA registration before any treatment.

6. **The cost-per-year calculation changes the value equation** — non-surgical maintenance is not inherently less costly than surgery when annualised over a decade; both pathways require ongoing investment, and the right financial decision depends on your goals, timeline, and the degree of correction required.

7. **Post-treatment maintenance determines longevity** — the return on any rejuvenation investment is directly proportional to the consistency of your SPF use, retinoid protocol, and treatment maintenance schedule.

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## A Forward-Looking Note

The facial rejuvenation landscape in Melbourne is changing faster than at any point in its history. New biostimulators, next-generation energy devices, regenerative therapies including exosomes and

polynucleotides, and increasingly sophisticated combination protocols are expanding what is achievable without surgery — while surgical techniques continue to refine their ability to deliver natural, long-lasting results with lower complication rates. Me Clinic continues to evolve its treatment offerings in step with this evidence base, ensuring our Melbourne patients have access to the most current, clinically validated options available — always delivered with the integrity and expertise that have defined our care for over 35 years.

What will not change is the underlying biology. The face ages in layers, and the treatments that work best are those designed with that layered architecture in mind. The patients who achieve the most natural, durable results will be those who approach rejuvenation not as a series of isolated interventions but as a long-term, evidence-based strategy — matched to their anatomy, calibrated to their life stage, and maintained with the consistency that the biology of facial ageing demands.

If you would like to explore what facial rejuvenation might look like for you, we warmly invite you to begin with a consultation.

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