

Liposuction and Body Contouring in Melbourne: The Complete Guide to Techniques, Costs, Recovery and Results

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Details:

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Executive summary

Liposuction is the world's most performed cosmetic surgical procedure — and Melbourne is one of Australia's most active markets for it. Liposuction topped the 2024 ASPS statistics report as the most popular surgical plastic surgery procedure, with a 1% increase in individuals choosing the procedure in 2024 versus 2023. Globally, it remained the most common surgical procedure for women in 2024, followed by eyelid surgery and breast augmentation. Yet despite this widespread familiarity, liposuction remains one of the most consistently misunderstood procedures in aesthetic medicine — and that misunderstanding costs patients money, recovery time, and the results they were hoping for.

At Me Clinic, we've spent over 35 years walking alongside patients through exactly this kind of decision. We know how much research goes into it, how many questions come up, and how important it is to feel genuinely informed rather than just told what you want to hear. This guide brings together the clinical science of fat biology, the full spectrum of surgical techniques, evidence-based candidacy criteria, a zone-by-zone treatment guide, a week-by-week recovery protocol, a transparent breakdown of costs, and the regulatory framework governing every liposuction consultation in Australia since the AHPRA reforms of 1 July 2023.

Whether you're at the very beginning of your research or preparing for your second consultation, our goal is to give you the foundational knowledge to make an informed, safe, and considered decision — one you'll feel confident about.

Part 1: The biology of body fat — why liposuction works where it does

The two-fat model: the most important concept in liposuction

Before evaluating any surgeon, comparing techniques, or reviewing before-and-after photographs, it's worth understanding one fundamental biological distinction that shapes everything about what liposuction can and cannot achieve. This isn't background reading — it's the foundation of realistic expectations.

The human body stores fat in two anatomically and metabolically distinct compartments. Subcutaneous adipose tissue (SAT) lies directly beneath the skin and makes up approximately 90% of total body fat. It's the soft, pinchable tissue that accumulates in the abdomen, flanks, thighs, arms, and chin — and it's the exclusive target of liposuction. Visceral adipose tissue (VAT) lies deep within the abdominal cavity,

surrounding the liver, intestines, and other organs. It's completely inaccessible to any liposuction cannula.

This distinction carries real clinical weight. Epidemiological research shows that VAT accumulation is associated with increased metabolic risk and overall mortality, while SAT expansion is linked to improved insulin sensitivity and decreased type 2 diabetes risk. Removing subcutaneous fat via liposuction does not confer the same metabolic benefits as reducing visceral fat through lifestyle change — something we always discuss honestly with our patients.

For patients presenting with a prominent abdomen, our surgeons perform a physical "pinch test" at consultation to assess whether the predominant tissue is subcutaneous (liposuction-responsive) or visceral (liposuction-inaccessible). A patient whose abdominal protrusion is driven primarily by visceral fat will see limited aesthetic improvement from liposuction alone — and establishing this before any surgical plan is made is central to our commitment to patient wellbeing.

The subcutaneous fat architecture: two layers, one procedure

Within the subcutaneous compartment, fat is organised into two distinct anatomical layers separated by a superficial fascia system — the Scarpa fascia in the trunk, and the SMAS in the face. The deep fat layer contains loosely organised adipose tissue and is the primary operative plane for liposuction. The superficial layer is denser, more closely adherent to the dermis, and must be treated with greater care — overtreatment risks contour irregularities, vascular compromise, and skin damage.

Not all subcutaneous fat has the same texture, and this matters for technique selection. Fibrous fat — found in the male abdomen, flanks, back, and areas of prior liposuction — contains more connective tissue and fibrous septa. It's harder, less shiftable, and more intimately connected to fascia. This type of fat generally requires advanced techniques such as ultrasonic (VASER) or power-assisted liposuction (PAL) to minimise the risk of contour abnormalities. Soft, areolar fat in the inner thighs or lower abdomen responds well to standard tumescent suction.

*(For a complete biological and mechanical explanation of the fat removal process, see our detailed guide on **What Is Liposuction? How Fat Removal and Body Contouring Actually Work**.)*

Part 2: Liposuction is body sculpting, not weight loss

This is the single most important point in this entire guide, and it's worth stating plainly: **liposuction is a precision body-sculpting procedure, not a weight-loss intervention.**

It removes localised subcutaneous adipose tissue from specific anatomical areas with real precision — but the fat removed, while permanent in those specific cells, represents a relatively modest proportion of total body mass. Patients hoping for significant weight reduction are likely to feel disappointed. Patients who understand that the procedure reshapes specific contours — reducing a waistline, eliminating love handles, defining the jawline — are the ones who tend to experience genuinely satisfying outcomes.

The long-term picture adds important nuance. While the suctioned fat cells are permanently removed, research shows that overall body fat can return to pre-treatment levels after several months if lifestyle habits remain unchanged. New fat may preferentially redistribute to untreated areas, including the visceral compartment — which carries greater metabolic risk than the subcutaneous fat that was removed. This is a compelling reason to maintain stable weight and healthy habits after your procedure.

The ideal candidate is not someone seeking to lose weight. They're someone at or near their stable goal weight who has discrete, localised fat deposits that resist diet and exercise. These deposits often follow predictable genetic patterns: lateral thighs in women, flanks and abdomen in men, submental fat in both sexes. Liposuction permanently removes those specific cells from those specific locations. What

it can't do is prevent new fat accumulation in untreated areas if caloric balance shifts over time.

Part 3: Liposuction techniques — from tumescent SAL to VASER, PAL, laser and BodyTite

The technique your surgeon selects directly determines how much fat can be safely removed, how well the overlying skin will retract, how long your recovery will take, and what complication risks you carry. These are not interchangeable options — they're meaningfully distinct tools with different mechanisms, different best-fit patient profiles, and different outcome signatures.

The universal foundation: tumescent fluid

Before any energy-assisted or mechanical device enters the body, virtually every contemporary liposuction procedure begins with the tumescent technique. In 1985, Dr. Jeffrey A. Klein developed this approach, which permits liposuction under local anaesthesia with minimal surgical blood loss. The tumescent solution — a dilute mixture of saline, lidocaine, epinephrine, and sodium bicarbonate — is injected into the subcutaneous fat before cannula insertion. Vasoconstriction from the epinephrine reduces procedural blood loss and slows local anaesthetic uptake, reducing peak plasma concentrations. The tissue becomes swollen and firm, making fat extraction more precise and uniform.

The safety record is well-established: in a national survey of over 66,000 liposuction cases performed under tumescent anaesthesia, no deaths were reported and the rate of serious adverse events was 0.68 per 1,000 cases. When tumescent preparation is paired only with manual cannula movement and suction — no energy source, no mechanical assist — the result is suction-assisted liposuction (SAL), the foundational technique from which all other approaches have evolved.

Technique comparison: the clinical matrix

Technique	Mechanism	Best-fit zones	Skin tightening (weighted avg.)	Key advantage
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SAL (Tumescent)	Manual cannula + suction	Soft fat, good elasticity	~12.35%	Lowest cost; long safety record
PAL (Power-Assisted)	Motorised oscillating cannula	Fibrous fat, secondary lipo	Comparable to SAL	Reduced surgeon fatigue; no thermal risk
VASER (UAL)	Ultrasound cavitation	Fibrous fat, HD sculpting, BBL harvest	~17.0%	Fat viability for transfer; precision
LAL (Laser-Assisted)	Fibre-optic laser thermal energy	Small zones: chin, arms, knees	~29.87%	Skin tightening in precise areas
RFAL (BodyTite)	Bipolar radiofrequency internal/external	Lax skin: arms, abdomen, thighs	~31.38%	Highest skin retraction; avoids excision

Skin retraction data sourced from published comparative literature on energy-assisted liposuction modalities.

The skin-tightening hierarchy: why technique selection is inseparable from candidacy

The data above reveal a clinically important insight that individual technique articles can't fully convey: the choice of liposuction technique must be made alongside a skin laxity assessment, not independently of it. A patient with excellent skin elasticity achieves good results with SAL. A patient with mild-to-moderate laxity who is appropriate for liposuction but not excisional surgery may achieve significantly better skin retraction with RFAL (BodyTite) at ~31.38% versus SAL at ~12.35% — a difference that, in zones like the upper arms or inner thighs, can mean the difference between a satisfying outcome and visible skin looseness.

Power-assisted liposuction dominates the global market, holding a 42.20% share in 2024, due to its efficiency and faster recovery times. VASER has become the preferred tool for high-definition body sculpting — abdominal etching, athletic contouring, and procedures requiring fat harvested for transfer — because it selectively disrupts adipocytes while preserving the stromal vascular fraction, yielding fat cells with higher viability for grafting.

At Me Clinic, our plastic surgeons and cosmetic doctors take the time to discuss each of these options in detail, helping you understand which approach suits your anatomy, your goals, and your overall health — not simply what's most convenient or most commonly performed.

*(For a complete breakdown of every technique, including mechanism, complication profiles, and best-fit patient examples, see our detailed guide on ****Liposuction Techniques Explained: Tumescant, VASER, Power-Assisted, Laser and RF-Assisted Compared****.)*

Part 4: Am I a candidate? The clinical eligibility framework

Candidacy for liposuction isn't something you can assess on your own. It's the result of a structured clinical evaluation that weighs four core pillars: appropriate body composition, good skin quality, sound general health, and realistic psychological expectations. A meaningful concern in any one of these areas can alter the surgical plan or indicate that a different approach would serve you better.

The BMI framework

The ideal candidate is non-obese, with minimal skin laxity and minimal to moderately excessive adipose tissue. Weight should be stable for six to twelve months before surgery. BMI carries significant clinical weight in this assessment:

| BMI range | Clinical position | |---|---| | Under 25 (Normal weight) | Generally ideal; best skin retraction outcomes | | 25–29.9 (Overweight) | Suitable for most patients with localised deposits | | 30–34.9 (Obese Class I) | May qualify depending on health profile; increased scrutiny | | 35–39.9 (Obese Class II) | Most surgeons recommend weight loss first | | 40+ (Obese Class III) | Significantly elevated risk; generally contraindicated |

The higher the BMI, the higher the complication risk. Studies have found that patients with a BMI greater than 40 are over three times more susceptible to complications than patients of normal weight. Risk also runs in the opposite direction: patients who are too thin with insufficient skin "give" are at higher risk of irregularities and indentations. This is why a thorough physical assessment — not just a number on a scale — matters so much.

Skin laxity: the most underestimated factor

Skin elasticity is arguably the most consequential — and most frequently misunderstood — candidacy factor. When fat is removed from beneath the skin, the skin must contract and conform to new contours. Elasticity decreases by approximately 1% annually past the age of 20, meaning younger patients typically experience superior skin tightening following liposuction.

Our surgeons assess elasticity using the pinch test: the skin is pinched, held for five seconds, and monitored for how quickly it flattens back out. Highly elastic skin springs back immediately; skin with lower elasticity stays displaced. Dramatic weight loss can stretch skin to the point where collagen fibres have broken down and the skin simply won't conform to new contours — a critical consideration for post-weight-loss patients that we discuss openly.

For patients with lower elasticity, removing fat from under the skin can further destabilise the dermal framework, potentially worsening the silhouette as the skin appears loose after volume is removed. In these cases, liposuction alone isn't the right answer — either an energy-assisted technique with superior skin-tightening capacity (RFAL/BodyTite) or a combined liposuction-abdominoplasty approach is indicated. Part of our commitment to Responsible Cosmetic Surgery™ is making sure patients understand this before any decisions are made.

Absolute contraindications

Certain conditions represent hard clinical exclusions from liposuction: severe, decompensated cardiovascular or pulmonary disease; active systemic or local infection; uncontrolled diabetes; bleeding disorders; pregnancy; and severe coagulation disorders including thrombophilias. These are non-negotiable — they represent conditions where procedural risk cannot be reduced to an acceptable level regardless of technique or surgical skill.

Relative contraindications requiring management

Smoking is one of the most significant modifiable risk factors. Data show roughly 52% of smokers versus 32% of non-smokers incur local complications. Nicotine in any form — patches, e-cigarettes, vaping products — has the same vasoconstrictive effect on microcirculation and must be ceased at least four weeks before and after surgery.

DVT risk factors — including hormonal contraception, prior deep vein thrombosis, and immobility — are assessed using validated tools such as the Caprini score. Medications and supplements including NSAIDs, aspirin, warfarin, fish oil, vitamin E, ginkgo biloba, and St John's Wort must be disclosed and managed according to a specific pre-operative cessation schedule. We encourage every patient to share their complete medication history — there are no judgements, only careful planning.

The AHPRA psychological screening mandate

Under the Medical Board of Australia and AHPRA's guidelines effective 1 July 2023, psychological readiness is a mandatory, regulated component of candidacy assessment. The Board's Guidelines require that the practitioner providing the surgery screen patients for body dysmorphic disorder (BDD) using a validated tool. Studies have found that up to 15% of patients seeking aesthetic surgery have BDD — a condition where surgery consistently fails to provide satisfaction and can cause significant psychological harm.

At Me Clinic, we welcome this requirement. It reflects the same values that have guided our Responsible Cosmetic Surgery™ philosophy for over 35 years: patient wellbeing comes first, always.

*(For the full clinical candidacy framework, including skin elasticity grading, DVT risk assessment, and the AHPRA psychological screening requirement, see our detailed guide on ****Am I a Good Candidate for Liposuction in Melbourne? Eligibility, BMI, Skin Laxity and Contraindications****.)*

Part 5: Treatment areas — a zone-by-zone guide

Liposuction reduces localised adipose tissue in specific areas of the body, but the technique used, the volume safely achievable, the skin-tightening potential, and the precision required all vary dramatically from one zone to the next. Understanding these differences helps you enter your consultation with a clearer sense of what's possible and what to ask.

The safety volume threshold

When multiple zones are treated simultaneously — the most common scenario for patients seeking comprehensive contouring — the cumulative volume removed becomes the primary safety consideration. Current ASPS guidelines define 5,000 mL (5 litres) as "large-volume liposuction" potentially associated with higher complication risk. In Australia, regulations allow for up to 5 litres of fat to be safely removed in a single session. For procedures exceeding this threshold, patients require treatment in an acute-care hospital or fully accredited facility, and staged procedures spaced 8–12 weeks apart may be recommended.

Zone-by-zone reference

****Abdomen**** — The most commonly treated zone, subdivided into upper, lower, and periumbilical regions. Each sub-region has different fat density, skin thickness, and skin-tightening potential. SAL is

the workhorse technique; VASER is increasingly used for high-definition results or denser fibrous fat. Patients with post-pregnancy or post-weight-loss skin laxity require careful assessment — liposuction alone will not correct redundant skin and may make it more apparent. A full abdominoplasty or lipoabdominoplasty may be more appropriate, and we'll always give you an honest recommendation.

****Flanks and love handles**** — Among the most predictably treated zones, flanks respond well to SAL and PAL. They're almost always treated simultaneously with the abdomen, making them the most common combined zone in Melbourne practice. VASER is preferred in the posterior flanks where fat can be denser and more fibrous.

****Inner and outer thighs**** — Anatomically complex, with distinct sub-zones: medial thigh, trochanteric ("saddlebag") region, anterior thigh, and posterior thigh. The five zones of adherence (ZOA) — the lateral gluteal depression, gluteal crease, distal posterior thigh, mid-medial thigh, and inferolateral iliotibial tract — must be preserved to avoid contour deformities. The gluteal crease in particular should never be violated. The medial thigh has thin, delicate skin with limited elasticity, making it one of the more technically demanding zones — one where experience truly matters.

****Upper arms**** — Posterior and medial arm fat is notoriously resistant to exercise. Laser-assisted liposuction (LAL) and VASER are preferred for their skin-tightening properties. Patients with significant skin excess — common after major weight loss — will not achieve satisfactory results from liposuction alone and should be evaluated for brachioplasty (arm lift). We'll always guide you toward the approach most likely to give you the outcome you're hoping for.

****Chin and submental area**** — A precision zone requiring minimal volume removal (typically under 300 mL). LAL is particularly effective here, combining fat reduction with skin tightening in a small, defined zone. Results can be remarkably impactful relative to the small volume involved.

****Buttocks and hips**** — Require a considered approach because the goal is often reshaping rather than simple volume reduction. In patients undergoing Brazilian Butt Lift (BBL), fat harvested from the abdomen, flanks, or thighs is transferred to the buttocks. VASER is preferred for BBL harvest because it preserves fat cell viability for transfer.

****Calves and ankles**** — Among the most technically demanding zones. Fat in this region is dense and fibrous, skin is tightly adherent, and lymphatic drainage is easily disrupted. VASER is preferred for its advantages in fibrous tissue. Results are modest and recovery is prolonged — something we discuss candidly with every patient considering this area.

****Male chest (gynaecomastia)**** — Gynaecomastia tissue is fibrous and often requires a combination of liposuction and direct glandular excision. PAL and VASER are the preferred techniques. This is one of the few liposuction indications that may attract a Medicare rebate, as it can be considered reconstructive.

*(For the complete zone-by-zone anatomical guide including technique preferences, volume estimates, and zones of adherence mapping, see our detailed guide on ****Liposuction Treatment Areas in Melbourne: Body Zone Guide****.)*

Part 6: Liposuction vs. tummy tuck vs. non-surgical fat reduction

One of the most consequential decisions a Melbourne patient makes is not which liposuction technique to choose — it's whether liposuction is even the right procedure for their anatomy. Choosing the wrong tool for the job is the most common cause of body contouring disappointment, and it's something our team takes great care to help patients navigate.

The three-lane framework

Liposuction, abdominoplasty, and non-surgical fat reduction are not competing versions of the same procedure. Each addresses a distinct anatomical problem.

Liposuction removes subcutaneous fat. It cannot address excess skin, stretch marks, or abdominal muscle separation (rectus diastasis). Abdominoplasty (tummy tuck) addresses fat, redundant skin, and abdominal wall muscle repair — it's the only procedure that can correct rectus diastasis and excise a significant volume of redundant skin, and most contemporary abdominoplasties incorporate liposuction as a component. Non-surgical fat reduction targets small volumes of subcutaneous fat through thermal or cryogenic apoptosis. It addresses fat only — not skin laxity, not muscle separation, and not large fat volumes.

The skin laxity decision tree

The single most important assessment is skin laxity evaluation:

- Minimal or no laxity → Liposuction alone is appropriate - Mild lower abdominal laxity → Mini-abdominoplasty may be indicated - Moderate flaccidity of lower or upper abdominal wall → Modified abdominoplasty - Excessive skin laxity, fat, and abdominal wall weakness → Full abdominoplasty (often combined with liposuction) - Small, isolated fat pocket, no laxity → Non-surgical fat reduction may be sufficient

A critical point from the clinical literature that we always share honestly: performing liposuction on a patient with poor skin elasticity can worsen the appearance of the treated area, as the skin loses the underlying fat volume that was providing its structure. Patients with pre-existing laxity who undergo liposuction may need to wait and reassess — allowing 3–4 months for the skin to contract before determining whether additional intervention is warranted.

The non-surgical evidence: real but bounded

The clinical evidence for cryolipolysis is genuine but bounded. A 2015 systematic review of 19 studies found average reductions in skinfold thickness ranging from 10.3% to 28.5%, with high levels of patient satisfaction. Clinical studies have shown cryolipolysis can reduce subcutaneous fat at the treatment site by up to 25% after one treatment. However, published data have consistently demonstrated more modest efficacy compared with surgical liposuction.

There is also a rare but clinically important complication worth knowing about: paradoxical adipose hyperplasia (PAH), a reaction where fat in the treated area enlarges instead of reducing. We always counsel patients about this risk before proceeding with non-surgical treatment.

On cost, non-surgical treatments may appear more accessible upfront, but depending on how many areas need treatment and how many sessions are required, the total cost can approach that of liposuction — without delivering equivalent results.

The lipoabdominoplasty combination

Many patients are surprised to learn that liposuction and abdominoplasty are not mutually exclusive — they're frequently performed together. The lipoabdominoplasty technique combines both procedures to achieve superior contouring outcomes that neither procedure can deliver alone. When perforator vessels from the epigastric system are preserved, the blood supply to the abdomen is maintained and liposuction can be safely performed on the elevated abdominal flap. For patients with both excess skin and significant localised fat deposits, this combined approach is often the clinically optimal solution — addressing fat, skin, and muscle in a single operative episode.

*(For the complete decision framework including the clinical classification system, side-by-side comparison table, and Medicare rebate criteria for abdominoplasty, see our detailed guide on

Liposuction vs. Tummy Tuck vs. Non-Surgical Fat Reduction: Which Body Contouring Option Is Right for You in Melbourne?)*

Part 7: The Melbourne consultation pathway — AHPRA compliance and pre-operative preparation

The mandatory two-consultation pathway

In the Board's Guidelines for registered medical practitioners who perform cosmetic surgery and procedures, from 1 July 2023 all patients seeking cosmetic surgery require a referral from a GP or other medical specialist.

Examples of cosmetic surgery requiring a GP referral include breast augmentation, abdominoplasty, rhinoplasty, blepharoplasty, surgical face lifts, cosmetic genital surgery, and liposuction and fat transfer.

Other changes in the revised and strengthened Guidelines include higher standards for cosmetic surgery premises, with accreditation against Australian Commission on Safety and Quality in Health Care (ACSQHC) standards required from 1 July 2023, and improved patient assessment by practitioners before surgery, including more scrutiny for signs of body dysmorphic disorder.

Beyond the GP referral, a minimum of two consultations with the operating surgeon is mandatory, with a seven-day cooling-off period from the second consultation before a surgery date can be booked. This means the minimum pathway from GP visit to surgery booking spans at least three separate appointments across multiple weeks — a deliberate regulatory design to support considered, unhurried decision-making. We genuinely welcome this structure. It reflects our own long-held belief that the best outcomes come from patients who feel fully prepared and never pressured.

A referral provides important medical information to the referred practitioner such as patient history, existing comorbidities, and medications. The GP can assess a patient's physical and mental health, and it's also an opportunity for a patient to discuss their motivation for cosmetic surgery with an independent practitioner. It supports continuity of care and patient safety — values that sit at the heart of everything we do at Me Clinic.

At Me Clinic, the consultation process is structured to meet and exceed all AHPRA requirements, ensuring every patient receives thorough assessment and complete, honest information at every stage of the pathway.

Pre-operative health assessment

Once surgery is booked, a structured pre-operative workup is required. This typically includes a full blood count (to confirm adequate haemoglobin and platelet levels), coagulation studies, electrolytes and renal function, fasting blood glucose, and — for patients over 40 — baseline cardiac screening including ECG. Elevated fasting blood glucose detected in the pre-op workup can prompt short-term glucose optimisation that reduces post-operative infection risk. Undetected arrhythmias or valve issues identified via ECG can prevent intraoperative emergencies. These steps exist to protect you, and we take each of them seriously.

Medication cessation schedule

The pre-operative medication cessation schedule is one of the most clinically significant — and most commonly mismanaged — aspects of preparation. Please share your complete medication list with us, including supplements and herbal products, so we can guide you appropriately:

| Category | Examples | Typical cessation window | |---|---|---| | NSAIDs | Ibuprofen, naproxen, aspirin | 10–14 days pre-op | | Prescription anticoagulants | Warfarin, rivaroxaban | As directed by prescribing physician | | Herbal supplements | Ginkgo, fish oil, garlic, vitamin E | 7–14 days pre-op | | St John's Wort | — | As directed (interacts with anaesthetic agents) | | Oral contraceptive pill | — | DVT risk — discuss with surgeon |

Never cease prescribed anticoagulants without explicit medical supervision. Always provide the surgical team with a complete, current medication list at every pre-operative appointment.

Anaesthesia options

The choice of anaesthesia directly influences fasting requirements, facility type, recovery duration, and your intraoperative experience. This is always discussed carefully during your consultations.

Local anaesthesia with tumescent technique is appropriate for smaller treatment areas and allows quicker recovery without a post-anaesthesia recovery room wait. A 2021 report in **Dermatologic Surgery** analysed 9,002 consecutive tumescent liposuction procedures performed under local anaesthesia and reported no fatal complications or damage to deeper structures.

General anaesthesia is used when larger amounts of fat are removed across multiple zones. The physician selects the method of anaesthesia based on the patient's overall health and the estimated volume of aspirate. Large-volume liposuction (greater than 4,000 mL aspirate) requires general anaesthesia, as a large volume of wetting solution is injected into the subcutaneous tissue and intraoperative fluid management must be carefully titrated.

Fasting requirements for patients receiving sedation or general anaesthesia follow ANZCA guidelines: nil by mouth for solid food for at least six hours before the procedure; nil clear fluids for at least two hours before the procedure.

*(For the complete pre-operative checklist, AHPRA consultation pathway, anaesthesia guide, and day-of-surgery walkthrough, see our detailed guide on ****How to Prepare for Liposuction Surgery in Melbourne****.)*

Part 8: Recovery — the week-by-week protocol

Recovery is where liposuction results are either protected or undermined. The journey to your final results involves complex physiological processes that unfold over months, not weeks — including inflammation management, tissue remodelling, and skin retraction. Understanding this timeline helps you approach recovery with patience and realistic expectations.

The three phases of recovery

| Phase | Timeframe | Primary focus | |---|---|---| | Acute | Days 1–7 | Swelling control, wound protection, pain management | | Subacute | Weeks 2–6 | Compression, lymphatic support, gradual activity resumption | | Remodelling | Months 3–6 | Final contour definition, scar maturation, full exercise return |

Week-by-week milestones

****Days 1–3:**** Swelling is at its peak. Treated areas may feel firm, tight, and appear larger than expected due to inflammation and fluid retention — this is entirely normal and temporary. Gentle walking the evening after surgery is encouraged to reduce blood clot risk. Sleep with treated areas elevated above heart level to reduce gravitational fluid pooling. A high-protein, low-salt diet and generous hydration support tissue healing during this initial phase.

****Week 1:**** Often called the "swell hell" phase by patients — and knowing that in advance genuinely helps. Most patients plan 3–5 days off work, returning to light desk work during this period. Compression garments are worn 23 hours daily. Pain transitions from prescription medication to over-the-counter analgesics around days 5–7. Intermittent numbness and itching are normal — they reflect disrupted nerve pathways healing in cycles.

****Week 2:**** A meaningful turning point. Most patients return to work around day 10. Bruising should be improving. The initial swelling transitions into a firmness that may endure for approximately three

months — this is normal scar tissue formation and one of the primary targets of lymphatic drainage massage.

****Weeks 3–4:**** Most swelling improves significantly. Body contours become more defined. At the three-week mark, pain and soreness in the treated area should be largely resolved. After four weeks, moderate physical activity such as light jogging or cycling is typically appropriate, though heavy lifting remains restricted.

****Weeks 5–6:**** By six weeks, most swelling and bruising should be gone. Body contours should be approaching 80–90% of final results — a milestone many patients find genuinely encouraging.

****Months 3–6:**** Final swelling disappears, revealing the full and permanent body contour changes. Skin tightening after liposuction is a gradual process that generally takes four to six months to show significant results, with final outcomes visible up to a year post-procedure. We encourage patients to remember this during the earlier stages of recovery.

Compression garments: protocol and evidence

The first use of compression therapy in cosmetic surgery for liposuction patients was described by Dr. Yves Gerard Illouz in the 1970s, and it has become the cornerstone of post-liposuction care worldwide. Compression garments deliver consistent, even pressure over treated areas, minimising tissue shift, holding liposuction tunnels approximated, and reducing the potential space for fluid to accumulate.

The three-stage compression protocol: - Stage 1 (Weeks 1–3): Garments worn 24/7, providing approximately 20–30 mmHg of compression - Stage 2 (Weeks 4–8): Transition to 8–12 hours of daily wear - Stage 3 (Weeks 6–12): Mild puffiness may remain; some patients continue compression during activity for comfort and support

While clinical consensus strongly supports compression garment use, a 2023 review published in **Plastic and Reconstructive Surgery – Global Open** noted that no randomised controlled trials have evaluated compression efficacy specifically in liposuction patients. The most well-supported indications are mitigation of oedema and ecchymosis, and reduction of postoperative pain. Any potential benefit must be balanced against patient comfort and the theoretical risk of increased venous stasis — something we discuss with each patient individually.

Lymphatic drainage massage (MLD): what the research shows

In patients undergoing liposuction, the superficial lymphatic system is at elevated risk of disruption due to large, sweeping cannula strokes, resulting in lymphatic stasis. Multiple studies have found that manual lymphatic drainage (MLD) combined with therapeutic adjuncts can reduce oedema, fibrosis, and pain in patients undergoing liposuction.

General post-operative MLD recommendations consist of two to three sessions per week during the initial three to four weeks of recovery, performed by a certified lymphoedema therapist or a licensed massage therapist with lymphoedema training. Most surgeons recommend starting within 3–7 days after liposuction.

The evidence base has limits — clinical evidence for MLD in liposuction patients is insufficient to draw strong conclusions from randomised trials alone. However, the clinical consensus is that at least some liposuction patients would benefit from adding MLD to their post-operative care, and it is a standard component of our post-operative protocols at Me Clinic.

*(For the complete week-by-week recovery roadmap, compression garment sizing guide, lymphatic drainage protocol, red-flag symptom checklist, and return-to-exercise framework, see our detailed guide on ****Liposuction Recovery Timeline in Melbourne****.)*

Part 9: Costs in Melbourne — the complete fee architecture

The four cost components

Most Melbourne patients encounter a single headline number — and that number is incomplete. At Me Clinic, we believe in complete transparency around costs, because unexpected expenses during what should be a positive experience create unnecessary stress. A thorough cost analysis requires understanding four distinct fee categories that are charged separately.

1. Surgeon's fee

The liposuction surgical fee for one area of the body starts from \$4,000 AUD. The surgeon's fee usually covers the procedure and post-op care and reviews. Most surgeons won't charge you for post-op care and reviews, but some do. Confirm this explicitly when receiving your quote — it's a fair and important question to ask.

2. Anaesthetist's fee

Ensure your anaesthetist is a member of the Australian Society of Anaesthetists (ASA) and is fully qualified to perform general anaesthesia services. Anaesthetist fees can range from \$800 to \$1,200 AUD per hour, with a single area generally requiring 1–2 hours.

3. Hospital or day-surgery facility fee

The fees of the facility will be included in the overall quote given to you. Typically, hospitals charge on an hourly basis, and prices vary from one place to another based on the facilities, reputation, and location. Liposuction can be performed as a day procedure but you may be advised to stay overnight — this is up to the surgeon and will always be discussed with you in advance.

4. Post-operative care costs

Several downstream costs are frequently omitted from headline quotes: compression garments (typically \$150–\$300 AUD), lymphatic drainage massage sessions (charged per session, rarely included in the base fee), medications and dressings, and follow-up appointments. Budget for these as part of your total investment.

****GST note:**** If you do not qualify for an MBS item number, your procedure is considered cosmetic and GST applies — adding 10% to the total bill for cosmetic liposuction.

Indicative price ranges by body zone (Melbourne, 2025)

The following reflect indicative surgeon-fee-only ranges. They do not include anaesthetist fees, facility fees, compression garments, or GST.

| Treatment area | Indicative surgeon's fee (AUD) | |---|---| | Chin & neck | From \$5,000 | | Upper arms (bilateral) | From \$5,500 | | Abdomen (single zone) | From \$7,200 | | Flanks / love handles | From \$5,500 | | Inner & outer thighs | From \$9,000 | | Full body / Lipo 360 | \$9,500 – \$20,000+ |

Sources: Me Clinic Melbourne (2025). Actual fees vary by surgeon, technique, and patient anatomy.

On average, full body liposuction in Australia ranges from \$9,500 to \$20,000+ AUD.

Medicare and private health insurance

Medicare and/or other health funds will not pay for liposuction as it is an elective cosmetic procedure — it is a choice you are making and is not medically necessary. You will have to pay for the procedure completely out of your own pocket. We understand this is a significant investment, and we're always happy to discuss your options and help you plan accordingly.

Narrow exceptions exist for medically indicated liposuction — including treatment of lipedema, post-traumatic pseudolipoma, gynaecomastia, and post-massive-weight-loss body contouring meeting specific MBS criteria (including documented weight loss of at least 5 BMI points maintained for six months, with persistent skin complications). Even where a Medicare item number applies, the rebate represents a partial subsidy and the majority of costs typically remain the patient's responsibility.

Most private health insurance policies won't cover cosmetic liposuction as a standalone procedure as there is no Medicare Item Number.

Part 10: Choosing a qualified surgeon in Melbourne

The single most consequential decision in your liposuction journey is provider selection. Understanding the Australian credential framework is a patient safety imperative, not optional reading.

FRACS vs. "cosmetic surgeon": a critical distinction

Surgeons who hold FRACS (Fellow of the Royal Australasian College of Surgeons) (Plast) accreditation have completed at least 12 years of medical and surgical education, including at least five years of specialist postgraduate training in plastic surgery.

Health ministers have approved a new registration standard for cosmetic surgery endorsement to help patients know who is trained and qualified to perform cosmetic surgery safely. The endorsement will make it clear on the public register if a doctor has met cosmetic surgery standards set by the Australian Medical Council (AMC) and the Medical Board of Australia.

The title "cosmetic surgeon" is not a recognised medical specialty under AHPRA or the AMC. Medical practitioners using this title may come from various medical backgrounds — including general practice — and may not have completed specialist surgical training accredited by RACS. The Medical Board of Australia and AHPRA announced measures including the necessity for referrals from GPs, a ban on testimonials, and removal of deceptive or misleading social media posts to better protect patients having cosmetic surgery.

How to verify your surgeon's credentials

1. Search the AHPRA public register at ahpra.gov.au — confirm your surgeon holds specialist registration in plastic surgery (not general registration with a cosmetic endorsement)
2. Confirm FRACS (Plast) — this is the gold standard qualification for surgical body contouring in Australia
3. Verify Australian Society of Plastic Surgeons (ASPS) membership — members are held to a code of conduct and peer review standards
4. Confirm the operating facility is fully accredited against ACSQHC standards — required under the 2023 AHPRA reforms
5. Confirm a qualified specialist anaesthetist (FANZCA) will be present — not a GP or nurse anaesthetist

Me Clinic's surgical team operates within fully accredited facilities and adheres to all credential and facility standards mandated under the 2023 AHPRA reforms.

Why credentials affect both cost and risk

A FRACS Specialist Plastic Surgeon will typically charge more than a cosmetic doctor. Choosing the most affordable option isn't always the wisest decision when it comes to liposuction. Experienced surgeons who charge higher fees often deliver better results and fewer complications. Choosing a specialist plastic surgeon also provides a practical safety benefit: access to private hospital admission if a complication arises.

*(For the complete credential verification guide, AHPRA reform summary, and red-flag warning signs when evaluating providers, see our detailed guide on ****Liposuction Costs in Melbourne: What You'll Pay, What's Included, Medicare Rebates and How to Choose a Qualified Surgeon****.)*

Part 11: The emerging context — GLP-1 medications and the new body contouring patient

No comprehensive 2025–2026 guide to liposuction in Melbourne would be complete without addressing the most significant emerging trend reshaping the body contouring field: the intersection of GLP-1 weight-loss medications (Ozempic, Wegovy, Mounjaro) and surgical body contouring. This is a rapidly evolving area, and our team stays closely informed so we can give patients the most current, evidence-based guidance.

According to the American Society of Plastic Surgeons, 837,000 patients prescribed these medications sought consultations with board-certified plastic surgeons in 2024 alone. One notable trend in 2024 was the increase in body contouring procedures among patients using GLP-1 weight loss medications. While these medications are helping people achieve significant weight loss, they also often result in loose or sagging skin, particularly in the face, arms, abdomen, and thighs.

GLP-1 receptor agonists work by mimicking hormones that regulate appetite and blood sugar, leading to significant weight reduction — often 15–20% of total body weight within months. This rapid weight loss, while medically beneficial, doesn't allow skin adequate time to contract naturally. Even younger patients with typically resilient skin may experience significant laxity after GLP-1-induced weight loss.

For Melbourne patients who have achieved weight loss through GLP-1 medications, the clinical implications are specific:

- Liposuction alone is often insufficient — post-GLP-1 patients frequently present with a combination of residual localised fat and significant skin laxity that requires excisional procedures (abdominoplasty, brachioplasty, thigh lift) alongside or instead of liposuction
- Liposuction after major weight loss can significantly improve body contour, proportion, and definition by removing stubborn fat deposits that persist despite reaching goal weight. When combined with skin-tightening technologies like BodyTite or Renuvion, patients can also achieve meaningful skin retraction.
- Weight stability is mandatory — surgeons generally require at least six months of stable weight before operating, as active weight loss makes any surgical plan a moving target
- The Australian and New Zealand College of Anaesthetists recommends holding weekly GLP-1 medications for a week before surgery and daily formulations on the day of surgery, because these drugs slow gastric emptying, which increases aspiration risk under anaesthesia

GLP-1s have changed the way we approach weight loss, metabolism, and insulin resistance — but they don't predictably change where the body holds fat, its proportions, or how a person feels after the weight is gone. Liposuction and body contouring remain essential tools in the GLP-1 era, helping patients refine their results, address stubborn fat deposits that don't respond to weight loss, and rebuild their confidence. Me Clinic's surgical team is experienced in assessing and planning body contouring for patients who have achieved weight loss through GLP-1 medications, taking into account the unique anatomical challenges this patient group presents.

Frequently asked questions

****Q:** How long do liposuction results last?**

The fat cells removed by liposuction are permanently eliminated and do not regenerate. However, remaining fat cells in treated and untreated areas can enlarge if significant weight is gained post-procedure. Patients who maintain a stable weight and healthy lifestyle after liposuction can expect their results to be long-lasting. The important caveat: if substantial weight is gained, new fat may preferentially accumulate in untreated areas, including the visceral compartment. Maintaining your results is a partnership — and we'll give you the guidance you need to protect them.

****Q: How much fat can be safely removed in one session in Melbourne?****

In Australia, regulations allow for up to 5 litres of fat to be safely removed in a single session. Procedures exceeding this threshold require treatment in an accredited acute-care hospital. For patients requiring more extensive fat removal, staged procedures spaced 8–12 weeks apart are recommended to allow the body to recover safely between sessions.

****Q: What is the difference between VASER liposuction and traditional liposuction?****

Traditional tumescent SAL uses manual cannula movement to mechanically disrupt and suction fat. VASER uses ultrasound energy to selectively liquefy fat cells through acoustic cavitation before aspiration, preserving surrounding blood vessels, nerves, and connective tissue. VASER achieves superior skin tightening (~17% vs ~12% for SAL), is better suited to fibrous fat and high-definition sculpting, and harvests fat with higher cell viability for transfer procedures such as Brazilian Butt Lift. It typically costs more than standard SAL and is performed by surgeons with specific VASER training — something our team can speak to in detail during your consultation.

****Q: Do I need a GP referral for liposuction in Melbourne?****

Yes. In the Board's Guidelines for registered medical practitioners who perform cosmetic surgery and procedures, from 1 July 2023 all patients seeking cosmetic surgery require a referral from a GP or other medical specialist. This referral is mandatory before your first surgeon consultation. You will also require a minimum of two consultations with the operating surgeon, followed by a seven-day cooling-off period before booking surgery.

****Q: Will Medicare cover my liposuction in Melbourne?****

For the vast majority of patients, no. Medicare generally does not cover liposuction procedures performed for cosmetic reasons. Coverage is only possible if the procedure is performed for reconstructive reasons or to treat certain medical conditions, and it must meet the Medicare Benefits Schedule (MBS) criteria. Narrow exceptions include treatment of lipedema, post-traumatic pseudolipoma, gynaecomastia, and post-massive-weight-loss body contouring meeting specific MBS criteria. We'll always clarify your eligibility honestly during your consultation.

****Q: How do I know if I need liposuction or a tummy tuck?****

The answer depends almost entirely on your skin laxity assessment. If you have localised fat deposits with good skin elasticity and no muscle separation, liposuction alone is appropriate. If you have excess skin, stretch marks, or rectus diastasis (abdominal muscle separation) — common after pregnancy or significant weight loss — an abdominoplasty (with or without liposuction) is required. Liposuction cannot excise skin or repair muscle. Performing liposuction on a patient with poor skin elasticity can worsen the aesthetic result by making loose skin more apparent. A qualified Melbourne surgeon will assess this carefully at your physical examination, and we'll always give you our honest recommendation — even if it's not what you were initially expecting to hear.

****Q: How long does recovery from liposuction take?****

Most patients return to desk work within 3–5 days and light office work during the first week. Most patients return to work around day 10, though roles requiring physical exertion may require 1–2 weeks off. Moderate exercise (light jogging, cycling) is typically appropriate from week 4. Full exercise routines can resume between weeks 6–8 as approved by your surgeon. Final contour results — including complete skin retraction — are visible at 3–6 months, with some patients seeing continued improvement up to 12 months post-procedure.

****Q: What is the "Ozempic makeover" and is liposuction part of it?****

Dr. C. Bob Basu, ASPS President-Elect, coined the term "Ozempic makeover" to describe the personalised combination of procedures addressing weight-loss-induced changes throughout the body. Common combinations include tummy tuck with arm lifts, breast lifts or augmentation, and facial rejuvenation procedures. This comprehensive approach addresses the total-body impact of GLP-1 weight loss in a coordinated surgical plan. Liposuction is frequently a component, used to refine contours and remove residual localised fat deposits — but it is rarely sufficient alone for patients who have experienced major GLP-1-induced weight loss, who typically also require skin excision procedures. Our team can help you understand which combination of approaches is most appropriate for your individual circumstances.

Key takeaways

****1. Liposuction is a precision sculpting tool, not a weight-loss procedure.**** The ideal candidate is at stable goal weight with discrete, localised fat deposits that resist diet and exercise. Understanding this distinction before your consultation is the single most important piece of preparation you can do.

****2. Fat type determines what liposuction can achieve.**** Subcutaneous fat is the target; visceral fat is inaccessible. A prominent abdomen driven primarily by visceral fat will see limited aesthetic improvement from liposuction — and we'll always tell you this honestly.

****3. Technique selection is inseparable from candidacy assessment.**** The skin-tightening capacity of techniques ranges from ~12% (SAL) to ~31% (RFAL/BodyTite). Patients with any degree of skin laxity must have their technique selection informed by their skin quality assessment — not just by cost or preference.

****4. The AHPRA 2023 reforms fundamentally changed the Melbourne consultation pathway.**** A GP referral is now mandatory before your first surgeon consultation. A minimum of two surgeon consultations and a seven-day cooling-off period are required before booking surgery. Psychological screening for BDD is a formal regulatory requirement — one we fully support.

****5. The total cost of liposuction in Melbourne is always higher than the headline surgeon's fee.**** Anaesthetist fees (\$800–\$1,200 AUD/hour), facility fees, compression garments, lymphatic drainage massage, and GST (for cosmetic procedures without an MBS item number) must all be budgeted separately.

****6. Credential verification is a patient safety imperative.**** FRACS (Plast) qualification, AHPRA specialist registration in plastic surgery, ASPS membership, and an accredited facility are the minimum standards. The title "cosmetic surgeon" is not a recognised specialty in Australia.

****7. Recovery is a months-long biological process, not a weeks-long inconvenience.**** Final contour results are not visible until 3–6 months post-procedure. Patients who judge results at six weeks are evaluating an incomplete picture — patience is genuinely rewarded in this process.

****8. GLP-1 medications are reshaping who presents for body contouring.**** Post-GLP-1 patients often require a combination of liposuction and excisional procedures to address both residual fat and

significant skin laxity. Weight stability for at least six months before surgery is mandatory for this patient group.

Conclusion

Liposuction in Melbourne in 2026 is safer, more precise, and more versatile than at any point in its six-decade history. The global liposuction devices market was valued at approximately \$989 million in 2024 and is projected to reach \$2.3 billion by 2034, growing at a compound annual growth rate of 10%. The technique options have expanded from a single manual modality to a sophisticated toolkit — tumescent SAL, PAL, VASER, LAL, and RFAL — each with a defined clinical role. The regulatory framework has been meaningfully strengthened to protect patients from undertrained practitioners and impulsive decisions. And the emergence of GLP-1 weight-loss medications has created an entirely new patient population with distinct anatomical needs that require the full spectrum of body contouring options.

What hasn't changed is the fundamental principle that separates excellent outcomes from disappointing ones: the quality of patient selection and surgical planning matters more than any technique or technology. A VASER procedure performed by a poorly credentialled surgeon in a non-accredited facility is far more dangerous than a standard tumescent SAL performed by a FRACS-qualified specialist plastic surgeon in an accredited Melbourne hospital.

The patients who achieve the best outcomes are those who invest in understanding what the procedure does, what it cannot do, who is qualified to perform it, and what realistic recovery and results look like — before they book a consultation. At Me Clinic, we've been committed to providing exactly this standard of care for over 35 years: thorough, transparent, and grounded in the clinical evidence that underpins every recommendation in this guide.

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Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

No product specification data was provided. The Product Facts table is empty. No label facts can be extracted or verified.

General product claims

The content analysed is a clinical and regulatory guide for a cosmetic surgery procedure (liposuction), not a physical product with packaging data. The following are factual or regulatory statements sourced from the guide's FAQ and body content — presented as informational claims, not verified label data:

- Liposuction is described as the world's most performed cosmetic surgical procedure as of 2024 ASPS statistics - Subcutaneous adipose tissue constitutes approximately 90% of total body fat - Maximum fat safely removed in one session in Australia: 5 litres - Staged procedures recommended 8–12 weeks apart when more than 5 litres is required - Tumescence technique developed by Dr. Jeffrey A. Klein in 1985 - SAL skin tightening: approximately 12.35% - VASER skin tightening: approximately 17.0% - Laser-assisted liposuction skin tightening: approximately 29.87% - BodyTite (RFAL) skin tightening: approximately 31.38% - Power-assisted liposuction global market share: 42.20% in 2024 - Global liposuction devices market value in 2024: approximately \$989 million - Projected liposuction market value by 2034: approximately \$2.3 billion - GP referral mandatory for liposuction in Melbourne from 1 July 2023 (AHPRA) - Minimum two surgeon consultations required before liposuction - Mandatory seven-day cooling-off period after second consultation before booking surgery - Psychological screening for BDD mandated by AHPRA from 1 July 2023 - Up to 15% of cosmetic surgery patients may have body dysmorphic disorder - Smokers experience local complications at approximately 52% vs 32% for non-smokers - Nicotine must be ceased at least four weeks before surgery - NSAIDs to be stopped 10–14 days pre-operatively - Herbal supplements to be stopped 7–14 days pre-operatively - Cosmetic liposuction is subject to 10% GST in Australia - Medicare does not cover cosmetic liposuction - Me Clinic starting surgeon's fee for one area: from \$4,000 AUD - Indicative surgeon's fee — chin and

neck: from \$5,000 AUD - Indicative surgeon's fee — upper arms (bilateral): from \$5,500 AUD - Indicative surgeon's fee — abdomen: from \$7,200 AUD - Indicative surgeon's fee — inner and outer thighs: from \$9,000 AUD - Full body liposuction price range in Australia: \$9,500 to \$20,000+ AUD - Anaesthetist fee range: \$800 to \$1,200 AUD per hour - Compression garments typical cost: \$150–\$300 AUD - FRACS (Plast) surgeons complete at least 12 years of medical and surgical training - "Cosmetic surgeon" is not a recognised medical specialty under AHPRA or the AMC - AHPRA cosmetic surgery reforms enacted 1 July 2023 - Acute recovery phase: Days 1–7 - Return to desk work: within 3–5 days - Moderate exercise resumption: approximately week 4 - Full exercise resumption: weeks 6–8 as approved by surgeon - Final results visible: 3–6 months post-procedure; improvement possible up to 12 months - Compression garments worn 24/7 for weeks 1–3 (Stage 1) - Stage 2 compression: 8–12 hours daily, weeks 4–8 - Lymphatic drainage massage recommended to begin within 3–7 days post-procedure - MLD recommended at two to three sessions per week for initial three to four weeks - GLP-1 medications typically produce 15–20% total body weight loss - Weekly GLP-1 medications to be paused one week before surgery due to aspiration risk - Weight stability of at least six months required before surgery for GLP-1 patients - Me Clinic has been operating for over 35 years