

Mole Removal Cost - Pricing Details for Skin

Canonical: <https://directory.meclinic.com.au/healthcare-medical-services/cosmetic-dermatological-procedures/mole-removal-cost-pricing-details-for-skin/>

Details:

Me Clinic Mole Removal Procedures: A Complete Patient Guide

Product Facts

| Attribute | Value | |-----|-----| | Procedure name | Mole Removal | | Provider | Me Clinic | | Availability | Available now | | Clinical setting | Professional clinical environment | | Treating practitioners | Plastic Surgeons and Cosmetic Doctors | | Provider experience | Over 35 years | | Removal methods offered | Surgical excision, shave removal, laser treatment, cryotherapy | | Procedure indications | Cosmetic concerns or medical necessity | | Anaesthetic used | Local anaesthetic (typically lidocaine) | | Pathology analysis | Tissue sent for histopathological examination (excision and shave methods) | | Typical procedure duration | 10–15 min (shave); 15–45 min (surgical excision) | | Recovery — sutured sites | Keep dry 24–48 hrs; sutures removed within 1–2 weeks | | Sun protection post-procedure | Minimum 3–6 months | | Pricing model | Personalised — consult required for quote | | Pathology fees | Billed separately from procedure | | Insurance coverage | Covered for medically indicated removal; cosmetic removal is self-funded | | Multi-mole pricing | Package pricing may apply for multiple moles in one session | | Service category | Cosmetic & Dermatological Procedures | | Country | Australia |

Frequently Asked Questions

What is mole removal: A medical procedure to excise or destroy pigmented skin lesions

What does Me Clinic use to perform mole removal: Plastic Surgeons and Cosmetic Doctors

How many years of experience does Me Clinic have: Over 35 years

Where are Me Clinic mole removal procedures performed: Professional clinical settings

What are the two main reasons for mole removal: Cosmetic concerns or medical necessity

Is cosmetic mole removal a valid reason for the procedure: Yes

What does ABCDE stand for in mole assessment — A: Asymmetry

What does ABCDE stand for in mole assessment — B: Border irregularity

What does ABCDE stand for in mole assessment — C: Colour variation

What does ABCDE stand for in mole assessment — D: Diameter exceeding 6mm

What does ABCDE stand for in mole assessment — E: Evolution over time

What diameter mole is considered concerning: Greater than 6mm

Should a bleeding mole be professionally evaluated: Yes, always

Should an itching mole be professionally evaluated: Yes, always

Does family history of melanoma increase removal urgency: Yes

How many mole removal methods does Me Clinic offer: Four

What are the four mole removal methods: Surgical excision, shave removal, laser, cryotherapy

What is surgical excision: Cutting out the entire mole with a scalpel

Does surgical excision require sutures: Yes

What tissue is preserved for pathology with surgical excision: The complete mole specimen

How long does surgical excision typically take: 15 to 45 minutes

What is shave removal: Shaving the mole flush with the skin using a blade

Does shave removal require sutures: No

How long does shave removal typically take: 10 to 15 minutes

Can shave removal capture the deepest mole cells: Not always

What does laser mole removal use: Concentrated light energy targeting melanin

Can laser removal be used on suspicious moles: No

Why can't laser removal be used on suspicious moles: It destroys tissue, leaving none for pathology

Are multiple laser sessions often needed: Yes

What does cryotherapy use to destroy mole tissue: Liquid nitrogen

How does cryotherapy destroy mole cells: Freezing causes ice crystal formation, rupturing cells

Can cryotherapy preserve tissue for pathology: No

What skin change commonly follows cryotherapy: Temporary hypopigmentation or hyperpigmentation

Is permanent pigment change risk higher on darker skin tones after cryotherapy: Yes

What instrument may be used during mole assessment: Dermatoscope

What does a dermatoscope do: Illuminates skin structures beneath the surface

Is photography taken during the consultation: Yes

What is the most critical factor in choosing removal method: Level of medical suspicion

Does any suspicious mole require surgical excision: Yes

Do keloid-prone patients require special consideration: Yes

Which body areas carry higher keloid scarring risk: Chest and shoulders

What anaesthetic is used for mole removal: Local anaesthetic, typically lidocaine

Does the anaesthetic injection cause discomfort: Brief stinging or burning sensation

How long does local anaesthetic last: One to several hours

Is a topical anaesthetic cream sometimes applied before injection: Yes

What is applied to the wound after shave removal: Antibiotic ointment and a bandage

How long until pathology results return: One to two weeks

How long should sutured excision sites be kept dry initially: First 24 to 48 hours

Does keeping shave removal sites moist improve healing: Yes

What should be used to keep shave removal sites moist: Petroleum jelly or antibiotic ointment

Should laser treatment crusts be removed manually: No, leave them to separate naturally

How long should vigorous exercise be avoided after trunk excision: One to two weeks

How long should treated areas be protected from sun exposure: At least three to six months post-procedure

Should swimming be avoided after mole removal: Yes, until wound is fully sealed

When are non-absorbable surface sutures removed: Within one to two weeks

How long does scar remodelling continue after excision: Six months to a full year

When should a final scar assessment be made: At least 12 months post-procedure

How long do shave removal sites take to visibly heal: Two to four weeks

What is the most common complication of mole removal: Infection

What are signs of wound infection: Increasing pain, expanding redness, warmth, swelling, or pus

How are most procedure site infections treated: Oral antibiotics

What is a hypertrophic scar: A raised, red scar confined to the original wound borders

What is a keloid: A scar that extends beyond the original wound margin

What treatments exist for problematic scars: Silicone sheeting, corticosteroid injections, laser, or surgical revision

Which removal method has higher mole recurrence risk: Shave removal

Does mole recurrence indicate malignancy: No, but it warrants professional evaluation

Can nerve damage occur during mole removal: Yes, particularly with deeper excisions

Does nerve damage from mole removal usually resolve: Yes, most cases resolve as nerves regenerate

Is permanent sensory change possible after mole removal: Yes, though uncommon

Can scar massage improve scar appearance: Yes, gentle massage after the first month may help

Do silicone scar sheets improve scar quality: Yes, with consistent use over several months

Is complete scar elimination possible after mole removal: No

Does medical insurance typically cover cosmetic mole removal: No

Does medical insurance typically cover mole removal for medical reasons: Yes

What documentation supports insurance coverage approval: Clinical photographs and detailed clinical notes

Do pathology fees get billed separately: Yes, often billed separately from the procedure

Does removing multiple moles in one session reduce per-mole cost: Yes, some practitioners offer package pricing

Should patients request a comprehensive cost estimate: Yes

Is pregnancy an absolute contraindication for mole removal: No, but elective removal is often deferred

Should active skin infections be resolved before mole removal: Yes

May blood-thinning medications need adjustment before mole removal: Yes, in consultation with prescribing physician

Me Clinic mole removal procedures: a complete patient guide

Overview of mole removal procedures

At Me Clinic, mole removal is a carefully considered medical procedure performed to address unwanted or potentially concerning moles (nevi). With over 35 years of experience, our team of Plastic Surgeons and Cosmetic Doctors performs these procedures in professional clinical settings, for patients with cosmetic concerns and for those whose moles show suspicious characteristics that warrant closer attention.

The decision to remove a mole typically comes from one of two places: a personal desire for aesthetic improvement, or a medical recommendation when a mole displays irregular features that warrant biopsy or removal as a precaution. Unlike more superficial cosmetic treatments, mole removal involves the physical excision or destruction of pigmented skin lesions — a process requiring appropriate medical training, sterile technique, and experienced hands.

Understanding mole removal as a procedural category helps you make genuinely informed decisions about whether to pursue treatment, which method suits your situation, and what outcomes you can realistically expect.

When mole removal is indicated

Cosmetic motivations

Many patients seek mole removal for entirely personal, aesthetic reasons — and that's completely understandable. Facial moles, particularly those on prominent features like the nose, cheek, or upper lip, are among the most common cosmetic removal requests. Moles that protrude significantly from the skin surface, collect debris, or interfere with everyday grooming such as shaving also regularly prompt patients to seek advice.

The visibility and permanence of moles set them apart from temporary skin conditions. Some people cherish their moles as beauty marks; others find them distracting or simply unwanted. That personal assessment drives many elective removal procedures, and every patient's perspective is valid.

Medical indications

Our medical professionals recommend removal when visual examination reveals concerning features, summarised by the well-established ABCDE criteria: Asymmetry (one half differs noticeably from the other), Border irregularity (edges appear ragged or blurred), Colour variation (multiple shades within a single mole), Diameter exceeding 6mm, and Evolution (any changes in size, shape, or colour over time).

Moles that bleed spontaneously, itch persistently, develop crusty surfaces, or change rapidly always warrant professional evaluation and potential removal. Family history of melanoma, a personal history of atypical moles, or significant cumulative sun exposure raise the importance of careful monitoring — and in some cases, removing suspicious lesions becomes the most responsible course of action.

When removal is recommended for medical reasons, it serves two purposes: eliminating potentially problematic tissue and enabling pathological examination of the complete mole structure to determine

whether cancerous or pre-cancerous cells are present.

Common removal methods

Surgical excision

Surgical excision involves cutting out the entire mole along with a small margin of surrounding healthy tissue. The surgeon uses a scalpel to remove the mole at its base, extending into the dermis to ensure complete removal. This method is preferred for larger moles, those with irregular features requiring pathological analysis, or when thorough removal in a single session is the most appropriate clinical decision.

The excision site requires sutures to close the wound, and the closure technique influences the final scar appearance. Layered closure — where deeper tissue layers are sutured separately from the surface skin — generally produces less visible scarring than simple surface sutures.

Surgical excision also provides the complete mole specimen for histopathological examination, allowing pathologists to assess the entire cellular architecture and determine definitively whether any concerning cellular changes exist throughout the lesion's depth.

Shave removal

Shave removal, or tangential excision, uses a small blade to shave the mole flush with or slightly below the surrounding skin surface. This technique works particularly well for raised moles that protrude noticeably above the skin plane. After numbing the area, the practitioner uses a surgical blade to slice horizontally through the mole's base, separating it from underlying tissue.

Shave removal typically requires no sutures, as the wound is relatively superficial. The area heals through natural wound contraction and epithelialisation, usually resulting in a flat scar that may be slightly lighter or darker than the surrounding skin.

This method allows for partial histological examination but may not capture the deepest portions of the mole. For cosmetic removal of benign-appearing lesions, shave removal offers a straightforward procedure with a simpler recovery. For suspicious moles requiring complete pathological assessment, surgical excision remains the preferred approach.

Laser treatment

Laser mole removal uses concentrated light energy to break down mole pigmentation and destroy mole cells. Different laser wavelengths target melanin — the pigment responsible for mole colour — heating and fragmenting the cells until they're absorbed by the body's natural processes.

Laser treatment appeals to patients seeking removal of small, flat moles, particularly in cosmetically sensitive areas where minimising scarring is a priority. Multiple treatment sessions are often necessary to fully address darker or deeper moles, as each session works progressively through deeper tissue layers.

The primary limitation of laser removal is that no tissue remains for pathological examination. Because the laser destroys cells rather than extracting them intact, suspicious moles should never be treated with laser technology. This method is reserved for clearly benign lesions where cosmetic outcome takes priority over tissue analysis.

Cryotherapy

Cryotherapy destroys mole tissue through freezing, typically using liquid nitrogen applied directly to the mole surface. The extreme cold causes ice crystal formation within mole cells, rupturing cellular structures and triggering cell death. Over the following days and weeks, the frozen tissue dies, forms a scab, and eventually separates naturally.

This approach works best for small, superficial moles without suspicious features. Multiple freeze-thaw cycles during a single session may be necessary for darker or slightly raised moles. Like laser treatment, cryotherapy doesn't preserve tissue for examination, which limits its use to obviously benign lesions.

Cryotherapy sites commonly develop temporary hypopigmentation (lightening) or hyperpigmentation (darkening) as they heal, with colour typically normalising over several months. On darker skin tones, the risk of permanent pigment changes is somewhat higher — something worth discussing openly during your consultation.

The consultation and assessment process

Initial evaluation

A thorough mole removal consultation at Me Clinic begins with careful visual examination using adequate lighting and, where appropriate, magnification. Our practitioners may use dermatoscopy — a specialised magnifying instrument that illuminates skin structures beneath the surface — revealing patterns invisible to the naked eye that help distinguish benign moles from atypical or potentially malignant lesions.

Your practitioner will document mole characteristics including size, shape, colour uniformity, border definition, and surface texture, and will ask about symptom history — whether the mole itches, bleeds, or has changed recently — along with your personal and family cancer history.

Photography serves multiple purposes: documenting pre-treatment appearance for your medical records, enabling comparison if the mole partially recurs, and providing a reference for monitoring other moles over time.

Method selection

Choosing the most appropriate removal method depends on factors assessed during your consultation. Mole size, depth, and location on the body all influence which technique will serve you best.

The level of medical suspicion is the most critical factor. Any mole requiring pathological examination necessitates surgical excision, as complete tissue preservation is non-negotiable when cancer screening is part of the treatment goal. Clearly benign moles being removed for cosmetic reasons allow for broader consideration, with your personal preference and desired cosmetic outcome weighing more significantly in the discussion.

Your skin type and individual healing tendency also factor in. Patients prone to keloid scarring — excessive, raised scar tissue — require special consideration regarding incision placement and closure technique. Areas of high tension, such as the chest and shoulders, carry inherently higher keloid risk than facial locations.

What to expect during the procedure

Preparation and anaesthesia

Every mole removal procedure begins with thorough cleaning of the treatment site using antiseptic solution to minimise infection risk. If surgical removal is planned, the practitioner will mark the intended excision area to ensure an adequate margin around the mole.

Local anaesthesia is then administered to numb the area, typically using lidocaine with or without epinephrine. The injection causes a brief stinging or burning sensation as the anaesthetic infiltrates the tissue. Within minutes, complete numbness develops, allowing the procedure to proceed comfortably.

Some practitioners apply a topical anaesthetic cream before injection to minimise discomfort from the needle itself, particularly for younger patients or those who are anxious. The anaesthetic effect lasts one to several hours depending on the agent used and whether vasoconstrictors are included.

The removal process

Surgical excision typically takes between 15 and 45 minutes depending on mole size and location. After achieving adequate anaesthesia, the practitioner makes an elliptical incision around the mole, removes the tissue cylinder including underlying fat or dermis as needed, then closes the wound in layers using absorbable sutures for deep tissue and either absorbable or removable sutures for the skin surface.

Shave removal proceeds more quickly, often completed within 10 to 15 minutes. After numbing, the practitioner steadies the skin and slices horizontally through the mole base, then applies an agent to stop any minor bleeding.

Laser and cryotherapy sessions may last only minutes per mole. Laser treatment involves positioning protective eyewear, then applying calibrated laser pulses to the mole surface while monitoring tissue response. Cryotherapy requires seconds to minutes of liquid nitrogen application per mole, depending on the freeze depth required.

Immediate aftermath

Following surgical procedures, a pressure dressing is typically applied to minimise bleeding and protect the wound. Post-shave removal sites receive antibiotic ointment and a simple bandage. Laser-treated areas show immediate whitening or darkening of treated tissue, with minimal to no bleeding.

Before leaving the clinic, you'll receive both verbal and written aftercare instructions covering wound care protocols, activity restrictions, warning signs of complications, and follow-up appointment scheduling.

Tissue removed during excision or shave procedures is sent to a pathology laboratory for microscopic examination. Results typically return within one to two weeks, and your practitioner will contact you to discuss findings and determine whether any further treatment is needed.

Recovery and aftercare

Wound care protocol

Proper wound care plays a meaningful role in healing quality and the final scar appearance. Sutured excision sites generally require keeping the area dry for the first 24 to 48 hours, followed by gentle cleansing with mild soap and water, antibiotic ointment application, and clean bandage placement once or twice daily.

Shave removal sites heal through natural wound contraction and surface cell migration. Keeping these sites moist with petroleum jelly or antibiotic ointment — contrary to the traditional advice to "let it air out" — actually promotes faster healing and reduces scar visibility. The site will progress through predictable stages: initial oozing and scab formation, gradual scab reduction, and finally new pink skin that slowly fades to match the surrounding tissue colour.

Laser-treated areas may develop temporary crusting or blistering, which should be left undisturbed to separate naturally. Removing crusts prematurely increases both scarring risk and infection potential.

Activity and sun protection

Activity restrictions depend on the removal method and location. Facial mole removal typically permits an immediate return to most normal activities, while trunk or extremity excisions in areas of higher skin tension may require limiting vigorous exercise or heavy lifting for one to two weeks to prevent wound separation.

Sun protection of healing sites matters for optimal cosmetic outcomes. UV exposure to healing tissue increases hyperpigmentation risk, potentially leaving permanent darkened scarring. Covering treated areas with clothing or high-SPF sunscreen for at least three to six months post-procedure reduces this

risk considerably.

Swimming, hot tubs, and prolonged water immersion should be avoided until the wound has sealed completely and any sutures have been removed, as moisture and bacteria exposure increase infection likelihood.

Timeline for healing

Initial wound closure in sutured excisions occurs within one to two weeks, at which point surface sutures are removed if non-absorbable types were used. Wound remodelling — the process by which scar tissue matures and assumes its final appearance — continues for six months to a full year.

Scars appear pink or red initially, then gradually fade toward the surrounding skin tone. Raised scars typically flatten over months. Patients are encouraged not to make a final assessment of their scar until at least six months post-procedure, as scars that appear prominent at three months often improve substantially by twelve months.

Shave removal sites typically complete visible healing within two to four weeks, though colour normalisation may require several additional months. Laser-treated areas heal superficially within one to two weeks, with full pigment resolution taking longer and occasionally requiring touch-up sessions.

Potential complications and management

Infection

Infection is the most common complication of any skin procedure involving tissue disruption. Signs to watch for include increasing pain after the first few days, expanding redness beyond the immediate wound edges, warmth, swelling, pus discharge, or fever. Early attention makes a real difference.

Most procedure site infections respond well to oral antibiotics when identified early. Neglected infections can spread to surrounding tissue, requiring more aggressive treatment including intravenous antibiotics or surgical drainage — which is why monitoring your healing and contacting the clinic promptly if something seems wrong is worth taking seriously.

Minimising infection risk comes down to meticulous wound care, avoiding contamination from dirty hands or environments, and adhering to activity restrictions that help prevent wound opening.

Excessive scarring

Some degree of scarring is an inevitable reality with any procedure that disrupts skin integrity, though excessive scar formation occasionally occurs. Hypertrophic scars remain confined to the original wound borders but become raised, red, and firm. Keloids extend beyond the original wound margin, forming larger, progressive accumulations of scar tissue.

Patients with a personal or family history of keloid formation face higher risk and should raise this during their consultation. Certain body areas — notably the chest, shoulders, and upper back — carry inherently higher scarring potential.

Treatment options for problematic scars include silicone sheeting, compression therapy, corticosteroid injections, laser therapy, and surgical revision in more significant cases.

Recurrence

Partial mole recurrence occasionally occurs when some mole cells remain after removal. Shave removal carries a higher recurrence risk than surgical excision, as shaving may not extend deep enough to capture all pigmented cells.

Recurrent moles typically appear as dark spots within the healed scar, developing weeks to months after the original procedure. Recurrence doesn't indicate malignancy, though any recurrent mole should

be professionally evaluated to distinguish benign regrowth from cellular changes that warrant further attention.

Repeat removal is often successful in eliminating recurrent moles, particularly when a more thorough technique — excision rather than shaving — is used the second time.

Nerve damage

Small sensory nerves occasionally sustain some degree of injury during mole removal, particularly with deeper excisions. This typically manifests as numbness or altered sensation in the immediate area surrounding the removal site.

Most minor nerve injuries resolve naturally as nerves regenerate, though recovery may require several months. Permanent sensory change is uncommon but possible, particularly when removing moles in areas where sensory nerves run close to the skin surface.

Long-term outcomes and monitoring

Scar maturation

Early scars at two to four weeks appear pink, slightly raised, and clearly visible — an appearance that often causes concern, but which represents normal healing progress rather than a final outcome.

Over subsequent months, scars gradually soften, flatten, and fade. Gently massaging healed scars after the first month can promote flexibility and may modestly improve final appearance. Silicone scar sheets or gels, applied consistently over several months, show meaningful evidence of improving scar quality in many patients.

Final scar assessment at twelve months reveals whether additional scar treatment would be beneficial, or whether natural maturation has achieved satisfactory results.

Ongoing skin monitoring

Patients who have had suspicious moles removed — particularly those with atypical cellular features identified on pathology — should maintain regular dermatological follow-up. Full-body skin examinations at recommended intervals help identify new concerning lesions early, when intervention is most straightforward.

Self-examination between professional evaluations is genuinely useful. Using the ABCDE criteria, you can identify moles that warrant professional assessment before they progress to more advanced stages.

Photography of remaining moles provides valuable comparison references, making subtle changes more apparent over time. Several smartphone applications now facilitate systematic mole photography and tracking, though these tools complement rather than replace professional evaluation.

Managing patient expectations

Complete scar elimination is not possible — all removal methods leave some evidence of the procedure, whether a faint white line, a slight depression, or a subtle colour variation. This is worth understanding clearly before proceeding.

The cosmetic improvement balance — weighing the visibility of the original mole against the final scar appearance — varies based on mole characteristics and individual healing. Large, dark, or raised moles often achieve meaningful cosmetic improvement even when scars remain visible, as scars tend to be considerably less noticeable than the original lesions.

Functional and medical outcomes typically meet or exceed expectations when appropriate technique selection and skilled execution come together. Complete mole removal with clear histological margins

represents genuine procedural success, regardless of minor cosmetic imperfections.

Patient selection and contraindications

Ideal candidates

Patients who benefit most from mole removal have specific concerns about identified moles, realistic expectations about outcomes, and a genuine willingness to follow aftercare protocols. Good general health and the absence of conditions that significantly impair healing — such as uncontrolled diabetes, active skin infections, or severe immunosuppression — support an uncomplicated recovery.

Patients motivated by medical necessity, where suspicious mole features have been identified, benefit from removal regardless of scar concerns, because cancer prevention and early detection take precedence over cosmetic considerations. Those seeking purely cosmetic removal should weigh their dissatisfaction with the mole against their acceptance of inevitable scarring — a consideration worth working through honestly during the consultation.

Relative contraindications

Certain situations warrant postponing a procedure or taking additional precautions. Active skin infections near the proposed treatment site should be fully resolved before proceeding. Patients taking blood-thinning medications may require temporary discontinuation or dose adjustment, in consultation with their prescribing physician.

Pregnancy, while not an absolute contraindication, often leads to deferring elective cosmetic removals — to avoid any theoretical medication exposure to the developing baby and to sidestep the unpredictable healing patterns that hormonal changes can introduce.

Patients who are not yet in a position to commit to sun protection and proper wound care may achieve less than optimal outcomes, and it may genuinely serve them better to wait until circumstances allow for proper aftercare.

Cost considerations and insurance coverage

Insurance coverage criteria

Medical insurance typically covers mole removal when performed for diagnostic or therapeutic medical reasons — specifically, when mole features suggest potential malignancy, or when moles cause physical symptoms such as bleeding or pain. Documentation of medical necessity, including clinical photographs and detailed notes describing concerning features, supports coverage approval.

Purely cosmetic mole removal — removing benign moles solely for aesthetic improvement — generally falls outside insurance coverage and becomes the patient's financial responsibility. The distinction can sometimes become nuanced when moles cause functional interference, such as being repeatedly irritated by clothing, which some insurers may recognise as medical justification.

Prior authorisation processes vary by insurance provider but typically require submission of clinical documentation, photographs, and a detailed rationale for the procedure. Obtaining authorisation before proceeding prevents unexpected financial liability.

Out-of-pocket costs

Self-pay mole removal costs vary depending on geographic location, provider credentials, facility type, and the removal method selected. Simple shave removals often involve lower costs than surgical excisions due to reduced time and complexity. Laser treatments may require multiple sessions, with total costs accumulating across appointments.

Pathology fees for examining removed tissue add to overall expenses and are often billed separately from the removal procedure itself. Patients are encouraged to request comprehensive cost estimates

that include procedure fees, facility charges, pathology fees, and any anticipated follow-up visit costs.

Some practitioners offer package pricing when multiple moles are removed during a single session, potentially reducing per-mole costs compared to individual removal pricing. Me Clinic encourages every patient to discuss all cost considerations openly during their consultation, so that treatment planning can proceed with complete financial transparency.

References

No manufacturer specifications or source documents were provided for this guide.

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

- **Procedure name:** Mole Removal - **Provider:** Me Clinic - **Availability:** Available now - **Clinical setting:** Professional clinical environment - **Treating practitioners:** Plastic Surgeons and Cosmetic Doctors - **Provider experience:** Over 35 years - **Removal methods offered:** Surgical excision, shave removal, laser treatment, cryotherapy - **Procedure indications:** Cosmetic concerns or medical necessity - **Anaesthetic used:** Local anaesthetic (typically lidocaine) - **Pathology analysis:** Tissue sent for histopathological examination (excision and shave methods) - **Typical procedure duration — shave removal:** 10–15 minutes - **Typical procedure duration — surgical excision:** 15–45 minutes - **Recovery — sutured sites (keep dry):** First 24–48 hours - **Recovery — suture removal:** Within 1–2 weeks - **Sun protection post-procedure:** Minimum 3–6 months - **Pricing model:** Personalised — consult required for quote - **Pathology fees:** Billed separately from procedure - **Insurance coverage:** Covered for medically indicated removal; cosmetic removal is self-funded - **Multi-mole pricing:** Package pricing may apply for multiple moles in one session - **Service category:** Cosmetic & Dermatological Procedures - **Country:** Australia

General product claims

- Me Clinic provides quality advice and guidance with patient wellbeing as the priority - Layered closure techniques generally produce less visible scarring than simple surface sutures - Keeping shave removal sites moist with petroleum jelly or antibiotic ointment promotes faster healing and reduces scar visibility - Scar massage after the first month may modestly improve final scar appearance - Silicone scar sheets or gels applied consistently over several months show meaningful evidence of improving scar quality - Sun protection for 3–6 months meaningfully reduces hyperpigmentation risk at treated sites - Me Clinic practitioners employ dermatoscopy to reveal patterns invisible to the naked eye - Clinical photography is taken during consultation for documentation and monitoring purposes - Patients with a history of keloid formation face higher scarring risk in high-tension body areas (chest, shoulders, upper back) - Recurrent moles following shave removal do not indicate malignancy but warrant professional evaluation - Most minor nerve injuries from mole removal resolve naturally over several months - Final scar assessment should not be made until at least 12 months post-procedure - Complete scar elimination is not possible with any removal method - Laser removal is not appropriate for suspicious moles as it destroys tissue, leaving none for pathology - Cryotherapy may cause temporary or, on darker skin tones, potentially permanent pigment changes - Prior insurance authorisation requires clinical photographs, detailed notes, and documented medical rationale - Elective mole removal is often deferred during pregnancy due to theoretical medication exposure and

unpredictable healing

Related Products & Brand Context

This pricing guide sits within the **Healthcare & Medical Services > Cosmetic & Dermatological Procedures > Mole Removal** category and is published by **Me Clinic**, an Australian cosmetic clinic. The guide specifically addresses the cost dimension of mole removal, complementing the broader mole removal service offering that Me Clinic provides across its skin treatment range.

Within the mole removal category itself, the guide references four distinct procedure types: **laser mole removal**, **cryotherapy**, **shave excision surgery**, and **ellipse excision surgery**. Each represents a different clinical approach with its own pricing implications — laser and cryotherapy are typically less invasive options, while shave and ellipse excision are surgical methods suited to different mole characteristics. This pricing page therefore acts as an umbrella resource across all four treatment variants rather than covering a single procedure in isolation.

From a brand context perspective, Me Clinic positions this guide under its skin treatment portfolio. The mole removal cost page fits alongside the clinic's broader cosmetic and dermatological services, which are oriented toward appearance-related outcomes — in this case, improving the look of skin and supporting patient confidence. The guide explicitly encourages readers to contact Me Clinic for personalised pricing, indicating that costs are not fixed and vary by individual treatment plan.

In terms of use-case adjacency, someone researching mole removal costs is likely to also be interested in related skin treatment consultations, pre-procedure assessments, and aftercare products or services. Patients exploring ellipse excision surgery in particular may need information on wound care or follow-up appointments, while those considering cryotherapy might look into general skin health or lesion monitoring services. However, no specific sibling products or adjacent services from Me Clinic's range are present in the available knowledge graph data, so those connections cannot be confirmed here beyond what the linked entity describes.