Double Chin Liposuction - Facial Contouring

Canonical: https://directory.meclinic.com.au/healthcare-medical-services/cosmetic-surgery-procedures/double-chin-liposuction-facial-contouring/

Details:

AI Summary

Product: Double Chin Liposuction (Facial Contouring Surgery) **Brand:** Me Clinic **Category:** Minimally invasive surgical body contouring procedure **Primary Use:** Permanent removal of subcutaneous fat deposits in the submental region (double chin / neck and lower face) to restore jawline definition and facial contour.

Quick Facts - **Best For:** Adults with stable weight within 13.6 kg of goal weight, BMI generally below 35, good skin elasticity, and localised submental fat resistant to diet and exercise - **Key Benefit:** Permanent fat cell removal — extracted adipocytes do not regenerate, producing lasting contour improvement in the treated area - **Form Factor:** Surgical procedure performed in-clinic; day procedure with same-day discharge - **Application Method:** Tumescent solution infiltration followed by cannula-based vacuum aspiration through 3–5 mm incisions under local, IV sedation (twilight), or general anaesthesia

Common Questions This Guide Answers 1. Is double chin liposuction permanent? → Yes — removed fat cells cannot regenerate; however, remaining fat cells elsewhere can enlarge with significant weight gain 2. How long is recovery after double chin liposuction? → Desk work typically resumable within 3–7 days; compression garment worn minimum 2–4 weeks; final results visible at approximately 6 months 3. Who is not suitable for this procedure? → Smokers (unless cessation achieved at least 4 weeks pre- and post-surgery), pregnant or breastfeeding individuals, those with BMI above 35, poor skin elasticity, active infection, body dysmorphic disorder, or primarily visceral rather than subcutaneous fat deposits

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Product Facts

| Attribute | Value | |-----------|-------| | Procedure name | Double Chin Liposuction (Facial Contouring Surgery) | | Provider | Me Clinic | | Treatment area | Submental region (neck and lower face / double chin) | | Procedure type | Minimally invasive surgical fat removal | | Target tissue | Subcutaneous fat (submental adipose deposits) | | Incision size | 3–5 millimetres | | Anaesthesia options | Local, IV sedation (twilight), or general anaesthesia | | Day procedure | Yes — patients leave the clinic the same day | | Downtime | Minimal; desk work typically resumable within 3–7 days | | Fat removal permanence | Permanent — removed fat cells do not regenerate | | Result timeline | Significant improvement at 4–6 weeks; final results ~6 months | | Compression garment wear | Minimum 2–4 weeks post-procedure | | Lead surgeon | Dr Gordon Ku | | Provider experience | Over 35 years offering liposuction procedures | | Surgical philosophy | Responsible Cosmetic Surgery™ | | Availability | Available — consultations open | | Condition | New procedure booking |

Frequently Asked Questions

What is liposuction: A surgical procedure that permanently removes localised fat deposits

Does liposuction remove fat cells permanently: Yes, removed fat cells cannot regenerate

Is liposuction a weight-loss procedure: No, it is a body contouring procedure

What does liposuction target: Subcutaneous fat resistant to diet and exercise

Does liposuction remove visceral fat: No, only subcutaneous fat is removed

Where is subcutaneous fat located: Between the skin and muscle layer

Can liposuction eliminate cellulite: No, it does not treat cellulite

Can liposuction remove stretch marks: No, it does not eliminate stretch marks

How long has Me Clinic offered liposuction: Over 35 years of experience

What is tumescent solution: A mixture of saline, lidocaine, and epinephrine injected before fat removal

What does lidocaine do in tumescent solution: Provides local anaesthesia

What does epinephrine do in tumescent solution: Constricts blood vessels to minimise bleeding

What does saline do in tumescent solution: Swells and firms fatty tissue for easier extraction

What is a cannula: A hollow stainless steel tube used to extract fat

How large are liposuction incisions: Typically 3–5 millimetres in length

What motion does the surgeon use with the cannula: Radial or cross-hatching fan-shaped movements

What is suction-assisted liposuction (SAL): Traditional technique using manual cannula movement and vacuum pressure

What is power-assisted liposuction (PAL): Technique using rapid reciprocating cannula motion

What is ultrasound-assisted liposuction (UAL): Technique using ultrasonic energy to liquefy fat before aspiration

What is laser-assisted liposuction (LAL): Technique using laser energy to liquefy fat

Which liposuction technique is best for fibrous areas: Ultrasound-assisted liposuction (UAL)

Can laser-assisted liposuction tighten skin: Potentially, through collagen stimulation

What body areas can liposuction treat: Abdomen, flanks, thighs, arms, back, neck, and chest

What is the most common liposuction treatment area: The abdomen

What are "love handles": Fat deposits in the flank area

Can liposuction treat a double chin: Yes, via the submental region

What causes a double chin: Fat accumulation in the submental region

Can liposuction treat male gynecomastia: Partially, combined with glandular tissue excision

Can liposuction alone remove breast gland tissue: No, surgical excision is also required

What is the ideal candidate BMI for liposuction: Generally below 35 BMI

How close to goal weight should candidates be: Within 13.6 kg of goal weight

Why does skin elasticity matter for liposuction: Skin must contract and redrape over new contours

Does age affect liposuction candidacy: Yes, younger patients typically have better skin elasticity

Does smoking affect liposuction candidacy: Yes, smoking severely compromises candidacy

How long must patients stop smoking before surgery: At least four weeks before surgery

How long must patients stop smoking after surgery: At least four weeks after surgery

Can patients with bleeding disorders have liposuction: Disclosure required; may affect candidacy

Is liposuction suitable during pregnancy: No, pregnancy is a contraindication

Is liposuction suitable while breastfeeding: No, breastfeeding is a contraindication

Does liposuction treat body dysmorphic disorder: No, it is a contraindication

What is the maximum safe fat removal per session: 5 litres of aspirate for outpatient procedures

What anaesthesia options are available: Local, IV sedation (twilight), or general anaesthesia

When are surgical areas marked: While the patient stands upright before surgery

Why are areas marked while standing: Gravity affects fat distribution differently than lying down

How long does tumescent infiltration take: Typically 20–45 minutes

When does swelling peak after liposuction: At 48–72 hours post-procedure

How long does initial swelling last: Subsides substantially over 2–3 weeks

How long does residual swelling persist: Up to 3–6 months

When do final liposuction results appear: Around six months post-procedure

When is significant improvement typically visible: By 4–6 weeks post-procedure

How long must compression garments be worn continuously: At least 2–4 weeks post-procedure

What do compression garments do: Minimise swelling and help skin conform to new contours

When can patients return to desk work: Within 3–7 days

When can patients resume light cardio: After approximately two weeks

When can patients resume full-intensity exercise: After 4–6 weeks, pending surgeon approval

Is walking encouraged after liposuction: Yes, immediately post-procedure to prevent blood clots

How long does bruising typically last: Most resolves within 2–3 weeks

Can bruising last longer than three weeks: Yes, up to six weeks in some areas

Does liposuction cause numbness: Yes, temporary numbness from minor nerve trauma

How long does post-liposuction numbness last: Typically resolves over 3–6 months

Can manual lymphatic drainage help recovery: Yes, it can accelerate fluid resolution

When should lymphatic massage begin: After the first 1–2 weeks of healing

What is a seroma: Fluid accumulation in the surgical space post-procedure

How are large seromas treated: Via needle aspiration drainage

What is the infection rate for liposuction: Approximately 0.1–1% of cases

What are signs of post-liposuction infection: Increasing pain, fever, warmth, redness, purulent drainage

What is lidocaine toxicity: A complication from excessive tumescent solution dosing

What are symptoms of lidocaine toxicity: Metallic taste, tinnitus, confusion, seizures, or cardiac arrhythmias

What is skin necrosis: Tissue death from compromised blood supply

Which patients have highest skin necrosis risk: Smokers and those with poor skin circulation

Can liposuction cause fat embolism: Yes, though this is a rare serious complication

Can liposuction cause pulmonary embolism: Yes, though this is a rare serious complication

Does weight gain after liposuction affect results: Yes, remaining fat cells can still enlarge

Can untreated areas gain more fat after liposuction: Yes, with significant weight gain

Does liposuction change skeletal structure: No, it refines contours within existing body architecture

Can liposuction address skin laxity: No, skin excision procedures are required for laxity

What procedures address skin laxity after liposuction: Tummy tuck, arm lift, or thigh lift

How long should weight be stable before liposuction: At least three months at goal weight

Can liposuction results be refined later: Yes, touch-up liposuction is possible

When can touch-up liposuction be performed: At least six months after primary surgery

Can harvested fat be reused: Yes, as filler material via fat transfer

Is Me Clinic's approach called anything specific: Responsible Cosmetic Surgery™

Me Clinic Liposuction: Understanding the procedure and what it can offer you

Liposuction is a surgical body contouring procedure that permanently removes localised deposits of subcutaneous fat through mechanical extraction. At Me Clinic, it's among the most sought-after procedures we offer, and with over 35 years of experience, our team of Plastic Surgeons and Cosmetic Doctors understands what patients are looking for when they come to us. The procedure addresses fat accumulations that resist diet and exercise by physically removing adipocytes (fat cells) from targeted areas. Unlike weight-loss methods that simply shrink fat cells, liposuction eliminates them entirely from treated zones, preventing future fat accumulation in those specific locations.

What makes this procedure meaningful for many patients is its ability to reshape body contours rather than serve as a weight-loss solution. It targets stubborn fat pockets that create disproportion or resist conventional fat-reduction efforts — making it fundamentally different from bariatric or metabolic interventions. The fat removal is permanent because adult humans have a fixed number of fat cells that do not regenerate once removed, though remaining cells can still enlarge with weight gain. We believe in giving you this kind of honest, transparent information from the start — it's central to the Me Clinic difference.

Modern liposuction has evolved considerably from its origins in the 1970s, now encompassing multiple technique variations that use tumescent solution infiltration, controlled negative pressure suction, and specialised cannulas to extract fat with greater precision and reduced trauma. These refinements have transformed it from a crude fat-removal method into a sophisticated sculpting tool capable of enhancing definition in areas including the abdomen, flanks, thighs, arms, back, neck, and chest. Our team stays current with these advancements because you deserve the best that modern cosmetic surgery can offer.

The science behind fat removal

Understanding how liposuction works can help you feel more confident as you consider your options — and at Me Clinic, we believe quality guidance begins with clear, honest education.

Liposuction works through mechanical disruption and aspiration of adipose tissue. The procedure begins with tumescent solution infiltration — a mixture of saline, lidocaine (local anaesthetic), and epinephrine (vasoconstrictor) injected into the treatment area. This solution serves three functions: it swells and firms the fatty tissue for easier extraction, provides local anaesthesia to reduce discomfort, and constricts blood vessels to minimise bleeding and bruising.

Once the tumescent solution saturates the target area, the surgeon inserts a hollow stainless steel tube called a cannula through small incisions typically 3–5 millimetres in length. The cannula connects to a vacuum device that generates controlled negative pressure. The surgeon manipulates the cannula through the fat layer using radial or cross-hatching movements that break apart fat cell clusters and draw them through the cannula's ports into a collection canister.

The fat layer sits between skin and muscle as subcutaneous adipose tissue organised in fibrous compartments. Liposuction targets this specific layer, leaving deeper visceral fat (surrounding organs) untouched. The mechanical action disrupts the fibrous septa dividing fat into lobules, while the negative pressure aspirates the liberated fat cells, blood, and tumescent fluid. Our surgeons work carefully within specific depth planes to avoid the superficial dermis above, which could cause skin irregularities, and the muscular fascia below, which contains critical neurovascular structures.

Different liposuction techniques build on this basic mechanical process. Traditional suction-assisted liposuction (SAL) relies on manual cannula movement and vacuum pressure alone. Power-assisted liposuction (PAL) adds rapid reciprocating cannula motion to reduce surgeon fatigue and improve fat disruption. Ultrasound-assisted liposuction (UAL) uses ultrasonic energy to liquefy fat before aspiration, particularly useful in fibrous areas like the male chest or back. Laser-assisted liposuction (LAL) uses laser energy for similar liquefaction while potentially promoting skin tightening through collagen stimulation. During your consultation, our team will explain which approach suits your individual needs and goals.

Primary treatment zones

Liposuction addresses specific anatomical regions where genetic predisposition causes disproportionate fat accumulation. Many patients feel frustrated when certain areas simply won't respond to diet and exercise — and that's precisely where our team can help.

The abdomen is the most common treatment area, divided into upper and lower zones, with the lower abdomen often proving most resistant to exercise. Our surgeons account for abdominal muscle wall position and any diastasis (separation) when planning fat removal volume, ensuring natural-looking results without over-hollowing or contour irregularities.

The flanks, commonly called "love handles," respond particularly well to liposuction because this area stores fat that is metabolically resistant to diet modification. Flank treatment requires circumferential consideration — addressing only the side view without treating the back or front can create unnatural transitions. The back has distinct zones including the bra-roll area, mid-back, and lower back that may need treatment as a unit for balanced results.

Thigh liposuction covers multiple subzones: inner thighs, outer thighs, anterior thighs, and posterior thighs. Inner thigh treatment requires particular precision due to thin skin and proximity to lymphatic vessels, making this area more prone to contour irregularities and swelling. Outer thighs address the "saddlebag" appearance, while anterior and posterior thigh treatment refines the leg profile from the front or back. Our surgeons bring considerable experience to these delicate areas, always prioritising your safety.

The neck and chin area, the submental region, contains fat that contributes to loss of jawline definition and the appearance of a "double chin." This area requires specialised small cannulas and conservative volume removal due to visible skin and proximity to facial nerves. Arms store resistant fat in the triceps area, though candidates need adequate skin elasticity since liposuction cannot address significant skin laxity — that requires surgical excision. We'll always be straightforward with you about what liposuction can and cannot achieve in each area.

Male-specific treatment zones include the chest (to address gynecomastia or pseudogynecomastia) and the abdominal panel where men typically store android-pattern fat. The male chest often requires combined glandular tissue excision and fat removal for optimal results, as liposuction alone cannot remove fibrous breast gland tissue. Our team is experienced treating patients of all body types, and we're here to help you understand the full picture of your options.

Determining candidate suitability

One of the things we're most proud of at Me Clinic is our commitment to Responsible Cosmetic Surgery™ — which means we'll always be honest about whether liposuction is the right choice for you, rather than simply telling you what you might want to hear.

Ideal candidates maintain stable weight within 13.6 kg of their goal weight, have good skin elasticity, and hold realistic expectations about outcomes. The procedure works best for people with isolated fat deposits that persist despite healthy lifestyle habits. BMI is a general screening tool, with candidates typically falling below 35, though this threshold varies by surgeon and patient-specific factors.

Skin quality is a critical factor because liposuction removes volume from beneath the skin, requiring the skin to contract and redrape over the new contour. Younger patients naturally have better elasticity due to higher collagen and elastin content. Ageing, sun damage, and significant weight loss can compromise the skin's ability to retract, potentially leaving loose or crepey skin after fat removal. The "pinch test" — evaluating skin thickness and resilience — helps our surgeons predict skin contraction capacity and give you an honest picture of likely outcomes.

Medical history significantly affects candidacy. Patients must disclose bleeding disorders, anticoagulant use, diabetes, cardiovascular disease, and previous surgical history. Smoking severely compromises candidacy because nicotine constricts blood vessels, impairing circulation to healing tissues and increasing complication risks including skin necrosis, delayed healing, and infection. Most of our surgeons require smoking cessation for at least four weeks before and after surgery — a requirement made with your safety and healing firmly in mind.

Psychological preparedness and realistic expectations matter just as much as physical factors, and our team approaches this with genuine care. Liposuction refines contours but does not change body types, address cellulite, or eliminate stretch marks. Patients expecting dramatic weight loss or a complete body transformation may be disappointed, and we would rather have that honest conversation upfront. The procedure works best for people who view it as a complement to — not a replacement for — a healthy lifestyle.

Contraindications include active infection, pregnancy or breastfeeding, unrealistic expectations, body dysmorphic disorder, poor general health, and inadequate skin elasticity. Patients with significant weight to lose should postpone liposuction until achieving a stable weight, as subsequent fluctuations can compromise results. Those with primarily visceral rather than subcutaneous fat will not benefit, since liposuction only addresses fat beneath the skin and above the muscle layer. Our team will always guide you honestly through these considerations — patient wellbeing comes first.

The procedural journey

From your first consultation through to your final follow-up, Me Clinic's team is committed to making your experience as positive as possible. We understand that surgery is a significant decision, and we'll walk alongside you throughout.

The process begins with detailed surgical planning during your consultation. The surgeon marks treatment areas while you stand, because gravity affects fat distribution differently than when lying down. These markings guide precise fat removal and ensure symmetry. Photography documents pre-operative contours for comparison with post-operative results, forming part of your personalised care record.

Anaesthesia selection depends on the extent of treatment. Small-area procedures may use local anaesthesia with oral sedation, moderate cases typically use local anaesthesia with IV sedation (twilight anaesthesia), and extensive multi-area treatments may require general anaesthesia. The tumescent technique itself provides substantial local anaesthesia, but additional sedation ensures comfort during the mechanical manipulation phase. Your surgeon will discuss the most appropriate option during your consultation.

Once anaesthesia takes effect, the surgeon infiltrates tumescent solution through small access incisions placed in natural creases or discreet locations. The infiltration phase typically takes 20–45 minutes for the solution to adequately saturate tissues and achieve vasoconstriction. Proper infiltration matters — insufficient solution increases bleeding and bruising, while excessive solution can cause fluid overload. Our surgeons' attention to this phase reflects their commitment to your safety.

The extraction phase involves systematic cannula passes through the fat layer, with the surgeon using their non-dominant hand to feel the cannula's position beneath the skin and ensure appropriate depth. The motion resembles a piston action, with the cannula moving back and forth while the surgeon rotates their wrist to create a fan-shaped treatment pattern. The tactile sensitivity developed over decades of practice — the ability to feel tissue resistance and avoid over-suctioning any single area — is a skill that genuinely comes with time and experience.

Volume removal varies by area and patient size, but safety guidelines generally limit removal to 5 litres of aspirate in a single outpatient session. Larger volume removals increase complication risks including fluid shifts, fat embolism, and haemodynamic instability. Our surgeons monitor aspirate volume throughout and may stage treatments across multiple sessions if you want more extensive removal — always prioritising your safety.

The procedure concludes with incision closure, typically using small sutures or allowing tiny incisions to close naturally. Compression garments are applied immediately to reduce swelling, promote skin adherence to underlying tissues, and provide comfort. Drain placement is rarely necessary with modern tumescent technique, as most fluid drains through the small incisions in the first 24–48 hours.

Recovery timeline and aftercare

Recovery is a journey in itself, and our team remains invested in how you're healing throughout the entire process.

The immediate post-operative period involves significant fluid drainage from incision sites, requiring absorbent padding and frequent garment changes in the first 48 hours. This drainage consists primarily of residual tumescent solution mixed with blood and lymphatic fluid. Patients typically experience soreness similar to intense muscle workout pain, managed with prescribed pain medication for the first few days before transitioning to over-the-counter options. We'll make sure you have clear guidance on what to expect so nothing comes as a surprise.

Swelling follows a predictable pattern: initial swelling from surgical trauma peaks at 48–72 hours, subsides substantially over 2–3 weeks, but residual deeper swelling persists for 3–6 months. The most dramatic improvement occurs in the first month, but final results emerge only after complete resolution of inflammation and tissue remodelling. Understanding this timeline matters — it helps you stay patient during healing rather than drawing conclusions too early.

Compression garment wear is mandatory for optimal healing. Most of our surgeons require 24-hour compression for at least 2–4 weeks, followed by a reduced wearing schedule. Compression minimises fluid accumulation, reduces swelling, helps skin conform to new contours, and provides comfort by stabilising tissues. Patients typically need multiple garments for laundering, with medical-grade compression garments providing better results than generic shapewear. Our team will advise you on the best options.

Activity restrictions protect healing tissues while promoting circulation. Walking is encouraged immediately post-procedure to prevent blood clots, but strenuous exercise, heavy lifting, and activities that significantly elevate heart rate must be avoided for 2–4 weeks. Most patients return to desk work within 3–7 days, though those with physically demanding jobs need a longer recovery. Exercise resumption follows a graduated approach: gentle walking after one week, light cardio after two weeks, and full-intensity exercise after 4–6 weeks pending your surgeon's approval.

Bruising varies by technique, treatment area, and individual healing response. Most bruising resolves within 2–3 weeks, though areas with thinner skin or more extensive treatment may show discolouration for up to six weeks. Temporary numbness in treated areas results from minor nerve trauma and typically resolves over 3–6 months as nerves regenerate. Some patients experience hypersensitivity or unusual sensations during nerve healing — this is entirely normal, and our team is always available to answer any questions you might have.

Manual lymphatic drainage massage, when performed by trained therapists, can accelerate fluid resolution and potentially improve contour smoothness. Timing matters, though — massage should not begin until initial healing is complete, typically after the first 1–2 weeks. Some of our surgeons incorporate ultrasound therapy or radiofrequency treatments post-operatively to further support skin contraction and expedite resolution of firmness. We'll discuss all of these supportive options as part of your personalised aftercare plan.

Understanding risks and complications

At Me Clinic, our Responsible Cosmetic Surgery™ philosophy means we will always be transparent about the risks associated with any procedure. Informed patients make better decisions, and you deserve complete, clear information.

Liposuction carries inherent surgical risks that vary by procedure extent, technique, and patient health. Common minor complications include contour irregularities, asymmetry, and persistent firmness or lumpiness in treated areas. These issues often improve with time and massage, though some may require touch-up procedures. Superficial liposuction or over-aggressive suctioning increases irregularity risk, particularly in patients with poor skin quality.

Seroma formation — fluid accumulation in the surgical space — occurs when lymphatic vessels are disrupted and fluid production exceeds absorption capacity. Small seromas typically resolve on their own, while larger collections may require aspiration via needle drainage. Multiple drainages are sometimes necessary, as seromas can recur until the body establishes new lymphatic drainage pathways.

Infection is a serious but relatively uncommon complication, occurring in approximately 0.1–1% of cases. Signs include increasing pain after initial improvement, fever, warmth, redness, and purulent drainage. Prompt antibiotic treatment usually resolves infections, though severe cases may require hospitalisation and IV antibiotics. Proper sterile technique, prophylactic antibiotics, and post-operative wound care are all measures our team takes seriously.

More serious complications, though rare, include pulmonary embolism (a blood clot travelling to the lungs), fat embolism (fat particles entering the bloodstream), excessive fluid shifts causing electrolyte imbalances, and visceral perforation if cannulas penetrate too deeply. Large-volume liposuction, particularly when combined with other surgical procedures, carries higher risks. These possibilities are

precisely why choosing an experienced, board-certified surgeon operating in an accredited facility matters — and why the Me Clinic difference extends well beyond the operating theatre.

Lidocaine toxicity can occur if tumescent solution volumes exceed safe dosing limits. Symptoms include metallic taste, tinnitus, confusion, seizures, and cardiac arrhythmias. Our surgeons carefully calculate lidocaine dosing based on patient weight and treatment area size, staying well below toxic thresholds. The extended absorption time with tumescent technique provides a meaningful safety margin compared to direct injection.

Skin necrosis — tissue death from compromised blood supply — is most associated with superficial liposuction, excessive removal, or compromised skin circulation, particularly in smokers. Prevention requires maintaining adequate tissue thickness between skin and cannula, avoiding over-aggressive suctioning, and thorough patient selection. Treatment involves wound care, possible skin grafting, and can leave permanent scarring. This is one reason our team is so thorough during the candidacy assessment — we would rather take additional time upfront than expose you to preventable risks.

Setting realistic result expectations

An honest conversation about expectations is one of the most valuable things we can offer you. At Me Clinic, we take great care to ensure your expectations are grounded in reality from the beginning.

Liposuction produces permanent fat cell reduction in treated areas, but results depend on maintaining stable weight post-operatively. The removed fat cells cannot regenerate, but remaining cells throughout the body can enlarge with weight gain. Significant weight gain after liposuction may cause disproportionate fat distribution, with untreated areas accumulating more fat than treated zones, potentially creating new contour irregularities.

Visible results emerge gradually as swelling resolves. Patients typically notice significant improvement by 4–6 weeks, but subtle refinement continues for 6–12 months. The treated area may initially feel firm or lumpy as internal healing occurs — this is completely normal and improves with time. Final skin retraction and softening complete the transformation, with optimal results typically emerging around the six-month mark. We encourage patients to be patient with themselves during this process.

Volume removal directly correlates with contour change, but the relationship is not linear. Removing 2 litres of fat produces more than twice the visual change of removing 1 litre because proportional reduction becomes more apparent in slimmer contours. However, aggressive removal risks complications and contour irregularities. A conservative approach with the option for touch-up procedures often yields better aesthetic outcomes than maximum single-session removal — and this measured, thoughtful guidance is what our team is committed to providing.

Body proportions shape how results are perceived. Liposuction improves contours within your existing body architecture but cannot change skeletal structure, muscle mass, or overall body type. A patient with wider hip bones will still have wider hips after flank liposuction, though the contour will be smoother and more defined. The distinction between refinement and transformation is something we work through carefully with every patient during their consultation.

Skin quality limitations must be acknowledged honestly. Excellent skin elasticity allows for meaningful transformations with smooth results. Compromised elasticity may leave residual laxity or skin irregularities that liposuction alone cannot address. In these cases, combining liposuction with skin excision procedures — tummy tuck, arm lift, or thigh lift — may be necessary for the outcomes you're hoping for. Our surgeons will always set honest, compassionate expectations during your consultation about what liposuction alone can realistically achieve given your individual skin quality.

Strategic considerations for optimal outcomes

The decisions you make before your procedure, and in the months that follow, can make a real difference to your experience and your results. Our team is here to guide you through every one of

these considerations.

Surgeon selection is the most critical decision affecting results and safety. Board certification in plastic surgery or dermatology indicates rigorous training and examination in surgical procedures. Experience specifically with liposuction techniques — particularly power-assisted or ultrasound-assisted variations if you're considering those options — ensures technical proficiency. Reviewing before-and-after photos of patients with similar body types and treatment goals gives genuine insight into a surgeon's aesthetic style. At Me Clinic, patients are encouraged to thoroughly review surgeon credentials and procedure-specific experience during their initial consultation. Our team is proud of their qualifications and happy to share that information openly.

Facility accreditation matters equally. Accredited surgical facilities meet stringent safety standards for equipment, emergency protocols, and staff training. Office-based procedures should occur in accredited office surgical suites with appropriate monitoring equipment and emergency medications. Hospital or day surgery centre settings provide additional safety layers for extensive procedures — and this is never something we compromise on.

Timing considerations include weight stabilisation — delaying surgery until achieving your goal weight and maintaining it for at least three months ensures your body has settled into its new baseline. For women, avoiding surgery during menstruation can reduce bruising tendency, and ensuring no pregnancy plans for at least one year post-operatively allows full healing before significant body changes. Seasonal timing may also influence recovery comfort, with some patients preferring cooler months when compression garments feel less uncomfortable.

Combining procedures requires careful risk-benefit analysis, and our team approaches this with genuine thoughtfulness. Pairing liposuction with abdominoplasty (tummy tuck) is common and generally safe when appropriate limits are observed. However, combining multiple procedures extends operative time, increases anaesthesia exposure, and may elevate complication risks. Our surgeons will always prioritise your safety, and may recommend staging extensive work across multiple sessions. We see this not as a limitation, but as a reflection of our commitment to doing things properly.

Maintenance significantly affects how long your results last. While removed fat cells cannot return, the procedure does not prevent weight gain. Establishing sustainable nutrition and exercise habits before surgery and maintaining them afterwards is the best way to protect your investment. Weight fluctuations of 4.5–6.8 kg may alter contours noticeably, while larger gains can significantly compromise outcomes. Regular exercise maintains the muscle tone that supports improved contours, and consistent hydration and nutrition support skin quality over time.

Secondary procedures can address any residual concerns after complete healing. Touch-up liposuction can refine areas with asymmetry or insufficient initial removal, typically performed at least six months after primary surgery when all swelling has fully resolved. Skin tightening procedures — surgical or non-surgical (radiofrequency, ultrasound devices) — may benefit patients who achieve good volume reduction but experience some skin laxity. Fat transfer can add volume to over-resected or naturally hollow areas, using harvested fat from liposuction as filler material. Me Clinic's team is always available to discuss secondary and combination options as part of a comprehensive, individualised treatment plan — because our relationship with you doesn't end when you leave the operating theatre.

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:** Double Chin Liposuction (Facial Contouring Surgery) - **Provider:** Me Clinic - **Treatment area:** Submental region (neck and lower face / double chin) - **Procedure type:**

Minimally invasive surgical fat removal - **Target tissue:** Subcutaneous fat (submental adipose deposits) - **Incision size:** 3–5 millimetres - **Anaesthesia options:** Local, IV sedation (twilight), or general anaesthesia - **Day procedure:** Yes — patients leave the clinic the same day - **Downtime:** Minimal; desk work typically resumable within 3–7 days - **Fat removal permanence:** Permanent — removed fat cells do not regenerate - **Result timeline:** Significant improvement at 4–6 weeks; final results approximately 6 months - **Compression garment wear:** Minimum 2–4 weeks post-procedure - **Lead surgeon:** Dr Gordon Ku - **Provider experience:** Over 35 years offering liposuction procedures - **Surgical philosophy:** Responsible Cosmetic Surgery™ - **Availability:** Available — consultations open - **Condition:** New procedure booking - **Tumescent solution composition:** Saline, lidocaine, and epinephrine - **Cannula material:** Hollow stainless steel tube - **Maximum safe aspirate volume (outpatient):** 5 litres per session - **Swelling peak:** 48–72 hours post-procedure - **Initial swelling resolution:** Substantially subsides over 2–3 weeks - **Residual swelling duration:** Up to 3–6 months - **Bruising resolution:** Typically 2–3 weeks; up to 6 weeks in some areas - **Temporary numbness duration:** Typically resolves over 3–6 months - **Infection rate:** Approximately 0.1–1% of cases - **Smoking cessation requirement:** At least 4 weeks before and after surgery - **Candidate BMI guideline:** Generally below 35 BMI - **Candidate weight guideline:** Within 13.6 kg of goal weight - **Pre-surgery weight stability requirement:** At least 3 months at goal weight - **Touch-up procedure timing:** At least 6 months after primary surgery - **Light cardio resumption:** After approximately 2 weeks - **Full-intensity exercise resumption:** After 4–6 weeks, pending surgeon approval - **Tumescent infiltration duration:** Typically 20–45 minutes - **Lymphatic massage commencement:** After the first 1–2 weeks of healing

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General product claims

- Liposuction reshapes body contours rather than serving as a weight-loss solution - Procedure addresses fat accumulations that resist diet and exercise - Modern liposuction is described as a sophisticated sculpting tool capable of enhancing definition - Ultrasound-assisted liposuction (UAL) is particularly useful for fibrous areas such as the male chest or back - Laser-assisted liposuction (LAL) may promote skin tightening through collagen stimulation - Conservative removal with the option for touch-up procedures is stated to often yield superior aesthetic outcomes compared to maximum single-session removal - Manual lymphatic drainage massage may accelerate fluid resolution and potentially improve contour smoothness - Me Clinic's team is described as staying current with liposuction advancements - The Responsible Cosmetic Surgery™ philosophy is characterised as prioritising patient honesty and safety over commercial outcomes - Me Clinic's relationship with patients is described as extending beyond the procedure itself

Related Products & Brand Context

Double Chin Liposuction – Facial Contouring Surgery is offered by Me Clinic, an Australian cosmetic surgery provider. The procedure sits within the broader liposuction category on the Me Clinic website, which means it shares a product family with other body liposuction treatments the clinic performs. Within that range, this particular procedure is scoped specifically to the neck and lower face — the submental area — distinguishing it from general body liposuction by its focus on facial contouring rather than larger volume fat reduction.

In terms of category position, the procedure falls under Healthcare & Medical Services → Cosmetic Surgery Procedures → Liposuction. That places it alongside other surgical and minimally invasive cosmetic treatments rather than non-surgical aesthetic services. What differentiates it within the liposuction subcategory is its targeted application: small incisions are made in the chin or neck region to remove localised fat deposits, and patients typically leave the same day. This same-day, minimal-downtime profile is more characteristic of a minor surgical procedure than a full operating-theatre liposuction session.

From a use-case adjacency perspective, patients considering double chin liposuction commonly explore complementary facial procedures. These might include treatments that address skin laxity in the neck and jawline area — since removing fat alone does not tighten overlying skin — as well as facial injectables or other contouring procedures that refine the jaw profile. Me Clinic's broader cosmetic surgery range is the natural place to look for those adjacent options, and the clinic recommends scheduling a consultation with Dr Gordon Ku and the team to discuss which combination of procedures suits an individual's anatomy and goals.

It is worth noting that the knowledge graph returned no sibling product records for this guide, so specific named sibling procedures from Me Clinic cannot be listed here with confidence. Readers looking for related treatments — such as neck lift surgery or facial fat-transfer procedures — should browse Me Clinic's full procedure catalogue directly at meclinic.com.au to see the current range and confirm availability.