Mole Removal Procedures in Melbourne Product Guide

Canonical: https://directory.meclinic.com.au/healthcare-medical-services/dermatological-procedures/mole-removal-procedures-in-melbourne-product-guide/

Details:

AI Summary

Product: Mole Removal Procedures in Melbourne **Brand:** Me Clinic **Category:** Dermatological & Cosmetic Mole Removal **Primary Use:** Surgical and non-surgical removal of moles (nevi) for medical or cosmetic indications, performed by Cosmetic Doctors and Dermatologists with over 35 years of clinical experience.

Quick Facts - **Best For:** Patients seeking mole removal for medical necessity (suspected malignancy) or cosmetic reasons (appearance, irritation, location) - **Key Benefit:** Multiple removal methods available with histopathological examination option, ensuring both safety and cosmetic outcomes - **Form Factor:** In-clinic procedure (Melbourne, Australia) - **Application Method:** Local anaesthesia administered, then mole removed via chosen technique in a 15–30 minute appointment per mole

Common Questions This Guide Answers 1. What mole removal methods are available at Me Clinic? → Surgical Excision, Shave Removal, Aura Laser, Cryotherapy, Radiofrequency (RF) Treatment, and Electrosurgery 2. Is mole removal covered by insurance? → Medically necessary removals are usually covered by Medicare or private health insurance; cosmetic removals are typically not covered and range from several hundred to over a thousand dollars per mole 3. How long does healing take after mole removal? → Shave and cryotherapy wounds heal in 1–2 weeks; full scar maturation takes up to 12 months

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Product Facts

| Attribute | Value | |---|---| | Service name | Mole Removal Procedures in Melbourne | | Provider | Me Clinic | | Service category | Dermatological & Cosmetic Mole Removal | | Availability | Available now | | Clinical experience | Over 35 years | | Treating practitioners | Cosmetic Doctors and Dermatologists | | Removal methods offered | Surgical Excision, Shave Removal, Aura Laser, Cryotherapy, Radiofrequency (RF) Treatment, Electrosurgery | | Gold standard method | Surgical Excision (with histopathological examination) | | Procedure duration | 15–30 minutes per mole | | Anaesthesia type | Local anaesthesia (typically lidocaine) | | Tissue pathology available | Yes (surgical excision and shave removal) | | Medical & cosmetic indications | Both accepted and treated with equal care | | Mole assessment method | Dermoscopy and ABCDE criteria | | Post-procedure healing time | 1–2 weeks (shave/cryotherapy); up to 12 months full scar maturation | | Follow-up appointment | 7–14 days post-procedure | | Pathology results turnaround | Within 1–2 weeks | | Package pricing (multiple moles) | Available | | Insurance coverage | Medically necessary removals usually covered by Medicare or private health insurance; cosmetic removals typically not covered | | Practice philosophy | Responsible Cosmetic Medicine™ | | Location | Melbourne, Australia |

Frequently Asked Questions

What is mole removal: A procedure to eliminate moles from the skin

Is mole removal available at Me Clinic: Yes

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

Who performs mole removal at Me Clinic: Cosmetic Doctors and Dermatologists

What does ABCDE stand for in mole assessment: Asymmetry, Border, Colour, Diameter, Evolution

What diameter mole warrants concern: Larger than 6 millimetres

Is cosmetic mole removal available at Me Clinic: Yes

Are cosmetic reasons for mole removal valid: Yes, treated with equal care

What is the gold standard mole removal method: Surgical excision

Why is surgical excision the gold standard: It allows complete histopathological examination

Does surgical excision remove the entire mole: Yes, including a margin of surrounding tissue

What shape is the incision used in surgical excision: Elliptical

Does surgical excision require sutures: Yes

How long before sutures are removed after excision: One to two weeks, depending on location

What is shave removal: Shaving the mole off at or slightly below skin surface

Does shave removal require sutures: No, typically not required

Is shave removal suitable for raised moles: Yes

Can shave removal cause mole regrowth: Yes, there is a possibility

Is shave removal used for atypical moles: No, reserved for benign moles only

Does laser removal provide tissue for pathology: No

Is laser removal suitable for raised moles: No, best for flat pigmented moles

How many laser sessions are typically needed: Multiple sessions spaced several weeks apart

How long does each laser session take per mole: Only a few minutes

Should laser removal be used on atypical moles: No, only on confirmed benign moles

What does cryotherapy use to remove moles: Liquid nitrogen

How does cryotherapy destroy mole tissue: Through ice crystal formation within cells

Is cryotherapy suitable for large moles: No, suits very small flat benign moles

Does cryotherapy preserve tissue for pathology: No

How long does cryotherapy take to heal: One to two weeks

Can cryotherapy cause pigmentation changes: Yes, particularly in darker skin tones

What tool is used in dermoscopy: A handheld magnifying device with polarised light

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

What does epinephrine do during the procedure: Constricts blood vessels to minimise bleeding

Is epinephrine used on fingers or toes: No, avoided due to vasoconstriction risk

How long does local anaesthesia numbness last: One to three hours

How long does a mole removal procedure take: Fifteen to thirty minutes per mole

Should you inform your doctor about blood-thinning medications: Yes

Can patients drive themselves after mole removal: Yes, if only local anaesthesia is used

How soon can you cleanse the wound after surgery: Usually within 24 to 48 hours

What should be applied to the wound during healing: Petroleum jelly or antibiotic ointment

Does moist wound healing reduce scarring: Yes, compared to letting the wound dry out

How long does a shave removal take to heal: One to two weeks

When are facial sutures typically removed: Within five to seven days

When are sutures in high-tension areas removed: Ten to fourteen days

How long does full scar maturation take: Six to twelve months

When can final scar appearance be fairly judged: At least one year post-procedure

Should you avoid strenuous exercise after removal: Yes, for at least the first few days

Should you avoid swimming after mole removal: Yes, until wound is fully healed

How long should sun exposure to the scar be minimised: At least several months

Can UV radiation affect healing scars: Yes, it can cause permanent hyperpigmentation

Does every mole removal method leave a scar: Yes

Do facial scars heal better than trunk scars: Yes, due to better blood supply

What is a keloid: A raised thick scar extending beyond the original wound

What are signs of wound infection: Increasing pain, redness, warmth, swelling, or purulent drainage

When do infections typically appear after removal: Within the first week post-procedure

How are wound infections usually treated: With oral antibiotics

When do pathology results typically return: Within one to two weeks

What does a benign pathology result require: No additional treatment beyond routine skin monitoring

What does an atypical pathology result may require: Re-excision to ensure no abnormal cells remain

When is the first follow-up appointment typically scheduled: Seven to fourteen days post-procedure

Are children's moles typically removed without clear medical indication: No, conservative management is preferred

Is local anaesthesia generally safe during pregnancy: Yes, without epinephrine

Is elective mole removal generally deferred during pregnancy: Yes, unless clearly concerning features exist

Can nursing mothers undergo mole removal: Yes, safely with local anaesthesia

Does nursing need to be interrupted after routine mole removal: No

Do patients with darker skin have higher keloid risk: Yes

Is sun protection especially important for darker skin after removal: Yes

Do anticoagulated patients face higher bleeding risk: Yes

Can mole removal proceed safely without stopping anticoagulation: Yes, in many straightforward cases

Is mole removal covered by insurance if medically necessary: Usually yes, after deductible or through Medicare

Is cosmetic mole removal typically covered by insurance: No, patient bears financial responsibility

What is the cost range for cosmetic mole removal: Several hundred to over a thousand dollars per mole

Is package pricing available for multiple moles: Yes, at some practices including Me Clinic

Can a mole grow back after removal: Yes, particularly after shave techniques

Is mole recurrence always dangerous: No, but it requires re-evaluation

What is Me Clinic's practice philosophy called: Responsible Cosmetic Medicine™

Me Clinic Mole Removal: A Comprehensive Guide to Your Care Journey

Mole removal is a dermatological procedure that removes moles (nevi) from the skin, either surgically or non-surgically. At Me Clinic, every procedure is guided by your wellbeing — whether the concern is medical, such as removing a potentially cancerous lesion, or cosmetic, helping you feel more comfortable in your own skin. As one of the most common dermatological interventions, mole removal encompasses several techniques, each matched to different mole characteristics, patient needs, and clinical indications.

With over 35 years of caring for patients, our team of Cosmetic Doctors and Dermatologists understands that even a straightforward procedure can feel daunting. This guide explains what to expect, how different methods work, and what factors guide the choice of removal technique — because informed patients make better decisions, and clear guidance is central to the Me Clinic difference.

Medical and cosmetic indications

Mole removal serves distinct medical and aesthetic purposes, and we take both equally seriously. Medical indications take priority when a mole shows characteristics suggesting potential malignancy or precancerous changes. Our clinicians typically recommend removal when a mole shows asymmetry, irregular borders, colour variation, a diameter larger than 6 millimetres, or evolution in size, shape, or colour — collectively known as the ABCDE criteria of melanoma detection. Your health and safety come first, and we will never minimise a clinical concern for the sake of convenience.

Beyond medical necessity, many patients come to us for cosmetic reasons, and we welcome those conversations with equal warmth. Moles on visible areas such as the face, neck, or hands can affect self-confidence in ways that are deeply personal and entirely valid. Moles in areas subject to frequent irritation from clothing, jewellery, or shaving also benefit from removal to prevent ongoing discomfort and inflammation — a practical concern that deserves proper attention.

Some moles warrant removal because of where they sit on the body. Moles on the eyelids, between fingers, or in areas requiring clear visibility may interfere with daily activities. Our team evaluates each case individually, weighing the benefits of removal against the procedure's inherent considerations, always with your long-term wellbeing in mind.

Primary removal methods

Surgical excision

Surgical excision is the gold standard for removing moles with any suspicion of malignancy, and our experienced clinicians perform it with meticulous care. This approach involves cutting out the entire mole along with a margin of surrounding healthy tissue. Using a scalpel, your doctor makes an elliptical incision around the mole, extending below the skin's surface to ensure complete removal of the nevus and its roots.

Excision depth varies based on the mole's characteristics. Superficial moles may require removal only through the upper dermis, while deeper or atypical moles need excision into the deeper dermal layers or subcutaneous tissue. After removal, the wound is closed with sutures — dissolvable or otherwise — which are typically removed after one to two weeks depending on location and wound tension.

The main advantage of surgical excision is complete mole removal in a single procedure, with the entire specimen available for histopathological examination. This analysis lets pathologists assess the mole's margins and determine whether any abnormal cells extend to the excision edges — information that may indicate the need for further treatment. We are fully transparent with you about every finding and what it means for your care.

Surgical shave removal

Shave removal — also called shave excision or shave biopsy — involves using a small blade to shave the mole off at or slightly below the skin's surface. Your doctor holds the mole between fingers or uses a specialised tool to elevate it, then carefully shaves it away in thin layers until it is flush with or slightly below the surrounding skin.

This technique works well for raised moles that protrude above the skin surface. Unlike full excision, shave removal doesn't typically require sutures, as the resulting wound is relatively shallow. The area is treated with a chemical cauterising agent or electrical cautery to stop bleeding and promote healing.

When performed with skill, shave removal heals with minimal scarring, making it a preferred option for cosmetically sensitive areas where a larger excision scar would be undesirable. That said, because this method may not remove the deepest mole cells, regrowth is possible — something we discuss openly with you. For this reason, shave removal is generally reserved for moles with benign characteristics rather than those showing signs of atypia.

Laser removal

Laser mole removal uses concentrated light energy to break down the pigmented cells in certain types of moles. Different laser wavelengths target the melanin in mole cells, fragmenting the pigment so the body's immune system can gradually clear it away. Common laser types include Q-switched lasers and ablative lasers, each suited to different mole presentations.

Laser treatment works most effectively on flat, pigmented moles and is less suitable for raised or deep moles. The procedure typically requires multiple sessions spaced several weeks apart to gradually lighten and reduce the mole's appearance. Each session lasts only a few minutes per mole.

One important limitation: laser removal does not provide tissue for histopathological analysis. Because no tissue specimen is obtained, laser removal should only be used for moles definitively assessed as benign. Our clinicians will not recommend laser treatment for any mole with atypical features or an uncertain diagnosis.

Cryotherapy

Cryotherapy involves applying liquid nitrogen to freeze the mole, causing the cells to die and the mole to eventually fall off. The extreme cold destroys mole tissue through ice crystal formation within the

cells and disruption of the cellular membrane — a well-established technique our team applies with precision.

This method suits very small, flat, benign moles. Your doctor applies liquid nitrogen using a spray device or cotton-tipped applicator, freezing the mole for several seconds. The treated area typically blisters within hours or days, then crusts over and heals within one to two weeks.

Like laser removal, cryotherapy does not preserve tissue for pathological examination, limiting its use to clearly benign lesions. The procedure may cause temporary pigmentation changes in the surrounding skin, particularly in individuals with darker skin tones — a consideration we discuss carefully during your consultation so you can make a fully informed decision.

The consultation and assessment process

Before any mole removal at Me Clinic, a thorough dermatological assessment establishes the appropriate treatment approach — and this is where our commitment to Responsible Cosmetic Medicine™ begins. The consultation starts with a visual examination using magnification and specialised lighting. Our clinicians often use dermoscopy, a technique using a handheld magnifying device with polarised light that reveals subsurface structures invisible to the naked eye.

During assessment, your doctor documents the mole's size, shape, colour, texture, and border definition, as well as its location, depth, and relationship to surrounding structures. This careful process guides the selection of the most appropriate removal method and establishes a baseline for monitoring any remaining pigmented lesions.

It helps to come prepared: note when you first observed the mole, any changes over time, symptoms such as itching or bleeding, and your family history of skin cancer. Photographs showing the mole's evolution can provide genuinely useful diagnostic information.

Your doctor will explain the rationale for removal — whether medical concerns or cosmetic preferences are driving the recommendation — and outline the proposed technique, expected healing process, scarring potential, and costs in full. We want you to feel confident and well-informed before proceeding.

Procedural details and patient experience

Pre-procedure preparation

Most mole removal procedures require minimal advance preparation. Tell your doctor about any medications that affect bleeding, including aspirin, nonsteroidal anti-inflammatory drugs, and anticoagulants. In some cases, temporarily discontinuing these medications under physician guidance may be recommended.

The skin should be clean and free of lotions, makeup, or other products on the day of the procedure. You should arrange transportation if sedation will be used, though most mole removals require only local anaesthesia and patients can drive themselves.

Wearing comfortable clothing that provides easy access to the mole's location helps everything proceed smoothly. For facial moles, arriving with clean skin and minimal makeup simplifies the sterile preparation.

Anaesthesia and pain management

Local anaesthesia is the foundation of pain management for mole removal. Your doctor injects a numbing medication — typically lidocaine with or without epinephrine — into the skin around and beneath the mole. The injection itself causes brief stinging or burning, after which the area becomes numb within minutes.

The epinephrine component, when used, constricts blood vessels to minimise bleeding during the procedure. This allows better visualisation of the treatment area and reduces the risk of haematoma formation. Epinephrine is avoided in certain locations such as fingers, toes, and the nose tip, where vasoconstriction could compromise blood flow.

The numbness typically lasts one to three hours, providing adequate anaesthesia throughout the procedure and the immediate post-operative period. Most patients feel pressure or tugging sensations during the removal but no pain. If sensation returns prematurely, additional local anaesthetic can be administered.

During the procedure

Mole removal typically takes fifteen to thirty minutes per mole, depending on size and technique. Your doctor begins by cleaning the area with an antiseptic solution and draping the surrounding skin with sterile material.

After administering local anaesthesia and confirming adequate numbness, your doctor proceeds with the chosen removal method. For excisions, they mark the planned incision lines before cutting, ensuring appropriate margins and optimal wound closure orientation. Where possible, the final scar is aligned with natural skin tension lines — a detail that makes a meaningful difference to the cosmetic outcome.

Throughout the procedure, your doctor may narrate each step, which many patients find reassuring. Assistants help with tissue handling, haemostasis, and specimen management. Removed tissue is immediately placed in preservative solution and labelled for pathology submission when histological examination is indicated.

After removing the mole, attention turns to haemostasis and wound closure. Small bleeding vessels are cauterised or tied off. For excisions requiring sutures, your doctor carefully approximates the wound edges to minimise tension and optimise healing.

Post-procedure care and healing

Immediate aftercare

Immediately following mole removal, the wound is covered with a protective dressing, and your doctor provides specific instructions for initial care — typically keeping the area clean and dry for the first 24 hours. Some procedures allow gentle cleansing sooner, while others require keeping the dressing intact until the follow-up visit.

You may experience mild discomfort, throbbing, or tenderness as the local anaesthesia wears off. Over-the-counter pain relievers like paracetamol usually suffice. Prescription pain medication is rarely necessary unless multiple or large moles were removed.

Minor bleeding or oozing in the first 24 hours is normal. Apply gentle pressure with clean gauze if bleeding occurs. Excessive bleeding, severe pain, or signs of infection should prompt you to contact us immediately.

Wound care protocol

Once initial healing begins — usually within 24 to 48 hours — most patients follow a simple wound care routine: gentle cleansing with mild soap and water, patting the area dry, applying a thin layer of petroleum jelly or antibiotic ointment, then covering with a clean bandage.

This moist wound healing approach promotes faster healing and may reduce scarring compared to allowing the wound to dry out and form a thick scab. The routine is repeated once or twice daily until the wound is fully closed and epithelialised.

For areas prone to movement or friction, such as the back or near joints, careful bandaging helps protect the healing wound from reopening. Some patients benefit from silicone gel sheets or strips applied once the wound has closed, which may improve the final scar appearance — something our team is happy to advise on at your follow-up.

Healing timeline

Healing progresses through predictable stages, though the exact timeline varies by individual, removal method, and location. Superficial shave removals typically heal within one to two weeks, forming a pink or slightly depressed area that gradually normalises over several months.

Sutured excisions follow a longer course. Surface healing occurs within two weeks, but deep tissue remodelling continues for many months. Sutures in facial areas are typically removed within five to seven days, while sutures in areas under more tension may remain for ten to fourteen days.

During the first weeks, the scar appears pink or red and may feel firm or raised. This inflammatory phase gradually transitions to a maturation phase over six to twelve months, during which the scar typically flattens, softens, and fades. Final scar appearance cannot be fairly judged until at least one year post-procedure.

Activity restrictions

Generally, avoid strenuous activity, heavy lifting, or exercise that significantly increases blood pressure for at least the first few days. These activities increase the risk of bleeding and wound dehiscence.

Water exposure requires consideration of wound location and healing stage. Most patients should avoid swimming pools, hot tubs, and submersion baths until the wound has completely healed and any sutures have been removed. Showering is usually permitted with care to avoid direct water pressure on the wound.

Sun exposure to the healing area should be minimised for at least several months. UV radiation can cause permanent hyperpigmentation of healing scars. Once the wound has fully closed, covering the area or applying high-SPF sunscreen is essential.

Potential complications and management

Scarring considerations

All mole removal methods produce some degree of scarring, as any disruption of full-thickness skin results in scar tissue formation during healing. The scar's appearance depends on the removal method, wound size and depth, location on the body, individual healing characteristics, and post-procedure care.

Facial scars generally heal with less visibility than scars on the trunk or extremities, due to better blood supply and thinner skin. Our clinicians use fine sutures, strategic incision placement, and minimal tissue trauma to optimise facial outcomes.

Some individuals are predisposed to hypertrophic scarring or keloid formation, where excessive collagen production creates raised, thick scars extending beyond the original wound. If you have a personal or family history of problematic scarring, tell your doctor before the procedure — it may influence method selection and necessitate additional preventive measures.

Infection risk

Infection following mole removal is uncommon when proper sterile technique and wound care protocols are followed. Signs of infection include increasing pain, redness, warmth, swelling, purulent drainage, or fever. Infections typically appear within the first week post-procedure.

Treatment usually involves oral antibiotics targeting common skin bacteria. More severe infections may require wound culture to identify the specific organism and guide antibiotic selection. Rarely, abscesses require drainage.

Prevention focuses on meticulous surgical technique, appropriate wound care, and avoiding contamination. Our doctors may prescribe prophylactic antibiotics for certain higher-risk patients, such as those with diabetes, immunocompromise, or prosthetic heart valves, though routine antibiotic use is not standard practice for uncomplicated mole removal.

Recurrence

Mole recurrence happens when pigmented cells remain in the skin after removal and regenerate over time. Recurrence rates vary by removal method, with shave techniques showing higher rates than complete excisions. Moles that recur are not necessarily dangerous, but they require re-evaluation to distinguish benign regrowth from atypical changes.

True recurrence should be distinguished from repigmentation of the scar, which can occur even after complete mole removal. Melanocytes migrating into the healing scar from surrounding skin may cause pigmentation that resembles the original mole but doesn't represent actual nevus tissue regrowth.

When recurrence is suspected, your doctor examines the area and may recommend biopsy or re-excision, particularly if the original pathology showed any atypical features.

Nerve damage and numbness

Small nerve fibres are inevitably cut during mole removal, leading to temporary numbness in the immediate area. This sensory change gradually improves as nerves regenerate, though complete sensation may take months to return. Some patients experience permanent mild numbness, particularly after removal of larger or deeper moles.

Rarely, removal near major nerves can cause more significant neurological effects. Our clinicians carefully consider anatomy when planning excisions near nerve pathways and take every precaution to avoid damage to important neural structures.

Temporary altered sensation may manifest as hypersensitivity, tingling, or itching rather than numbness. These sensations typically resolve as healing progresses but can persist for several months in some cases.

Pathology results and follow-up

Histopathological examination

When tissue is sent for pathology, the specimen undergoes processing, sectioning, and microscopic examination by a pathologist. The pathologist assesses cellular architecture, identifies the type of nevus, and looks for any atypical or malignant features. The report describes whether the mole was completely removed with clear margins or whether concerning cells extend to the excision edges.

Results typically return within one to two weeks, though urgent cases may receive expedited processing. Your doctor will review the pathology report and contact you to discuss findings and any necessary follow-up actions.

Benign results require no additional treatment beyond routine skin monitoring. Atypical results may warrant closer surveillance, while incomplete removal of atypical moles typically requires re-excision to ensure no abnormal cells remain.

Follow-up appointments

Most mole removal patients at Me Clinic have at least one follow-up appointment to assess healing, remove sutures if necessary, and discuss pathology results. This visit typically occurs seven to fourteen

days post-procedure — timing that allows adequate initial healing while ensuring sutures are removed before tissue grows around them.

During your follow-up, your doctor inspects the wound for appropriate healing, checks for signs of infection or complications, and addresses any questions you may have. They may photograph the site for medical records, particularly if the pathology showed atypical features requiring ongoing monitoring.

Additional follow-up appointments may be scheduled for scar assessment and management. If the scar shows problematic healing such as hypertrophy, treatments like corticosteroid injections, laser therapy, or silicone sheeting may be recommended to improve the final appearance.

Special considerations for different patient populations

Paediatric patients

Mole removal in children requires careful thought about medical necessity, anaesthesia tolerance, and cosmetic impact across years of growth and development. Many of our clinicians prefer conservative management of childhood moles unless clear medical indications exist, as most childhood nevi are benign and children may not tolerate procedures well without sedation.

When removal is necessary, our team works closely with parents to prepare the child, minimise anxiety, and ensure cooperation during the procedure. Topical numbing creams applied before injection can meaningfully reduce discomfort from local anaesthesia administration.

The decision to remove moles for purely cosmetic reasons in children should factor in the child's emotional maturity, level of distress, and understanding of the procedure. Some cosmetic removals may be better delayed until the child can actively participate in the decision and recovery process.

Pregnant and nursing patients

Pregnancy hormones can cause existing moles to darken or grow, which understandably raises concern. Most pregnancy-related mole changes are benign, and unless a mole exhibits clearly concerning features suggesting malignancy, many of our clinicians recommend deferring elective removal until after pregnancy and nursing.

When removal is necessary during pregnancy, local anaesthesia without epinephrine is generally considered safe, though the decision involves weighing the urgency of removal against theoretical risks. The first trimester, when organ formation occurs, is typically avoided for elective procedures.

Nursing mothers can safely undergo mole removal with local anaesthesia, as minimal medication enters breast milk. No interruption of nursing is required after routine mole removal procedures.

Patients with darker skin tones

Individuals with darker skin face increased risks of post-inflammatory hyperpigmentation and keloid formation following mole removal. Our clinicians employ specific techniques to minimise these risks — including minimal tissue trauma, careful method selection, and sometimes prophylactic measures like corticosteroid injections for high-risk keloid locations.

Post-procedure care for patients with darker skin emphasises strict sun protection and may include topical treatments to prevent hyperpigmentation. We discuss the risk of pigmentary changes thoroughly before the procedure so you can make a fully informed decision, particularly for cosmetic removals where this consideration carries real weight.

Patients on anticoagulation therapy

Patients taking blood-thinning medications face increased bleeding risk during and after mole removal. The decision to continue or temporarily discontinue anticoagulation requires close collaboration between your dermatologist and your prescribing physician, weighing the risks of bleeding against the

risks of thromboembolic events.

Many straightforward mole removals can proceed safely without stopping anticoagulation, using meticulous haemostasis techniques and pressure dressings. More extensive procedures may warrant brief discontinuation of certain anticoagulants in appropriate candidates.

Aspirin and other antiplatelet medications similarly increase bleeding risk, though many of our clinicians proceed with routine removals without requiring discontinuation. Disclose all medications to your doctor, including supplements with anticoagulant effects like fish oil, garlic, and ginkgo biloba.

Making informed decisions about mole removal

Evaluating medical necessity

The distinction between medically necessary and cosmetic mole removal affects insurance coverage, urgency, and decision-making. Medical necessity is established through clinical and sometimes dermoscopic examination revealing features concerning for melanoma or other skin cancers — irregular borders, asymmetry, colour variation, diameter over 6 mm, or evolution in appearance.

Patients with personal or family history of melanoma have lower thresholds for biopsy or removal of changing moles. The presence of many moles — sometimes called dysplastic nevus syndrome — may also warrant more proactive monitoring and removal of lesions showing change.

Purely cosmetic motivations are equally valid and treated with the same care. However, they are typically not covered by Medicare or private health insurance, and patients seeking cosmetic removal bear the financial responsibility. Weigh the cosmetic benefit against the reality that some degree of scarring is inevitable — setting realistic expectations is part of how we honour the trust you place in us.

Cost considerations

Mole removal costs vary based on removal method, medical necessity, geographic location, provider type, and insurance coverage. Medically necessary removals are usually covered by Medicare or private health insurance after deductible, though patients remain responsible for gap payments or coinsurance.

Cosmetic removals range from several hundred to over a thousand dollars per mole, depending on complexity and location. Package pricing for removal of multiple cosmetic moles in a single session is available — something our team can discuss with you during your consultation.

Request detailed cost estimates before proceeding, including fees for the procedure itself, pathology if applicable, and any anticipated follow-up visits. Understanding the full financial picture matters, particularly when considering cosmetic removal of multiple moles.

Setting realistic expectations

Successful mole removal starts with realistic expectations about outcomes, recovery, and scarring. While our team strives for excellent cosmetic results in every case, no technique removes a mole without leaving some evidence of the procedure. The goal is a scar that heals well and is less noticeable than the original mole — not an absence of any mark.

Healing takes time, and the immediate post-procedure appearance bears little resemblance to the final result. Scars look their most concerning in the first weeks to months, then gradually improve over six to twelve months as the scar matures.

Some factors affecting outcomes lie outside even the most experienced clinician's control — including individual healing characteristics, genetics influencing scarring, and adherence to aftercare instructions. The best results come from skilled technique combined with diligent patient care during recovery. That partnership is at the heart of the Me Clinic difference.

References

No source PDFs were provided for this product.

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 - **Service Name:** Mole Removal Procedures in Melbourne - **Provider:** Me Clinic - **Service Category:** Dermatological & Cosmetic Mole Removal - **Availability:** Available now - **Clinical Experience:** Over 35 years - **Treating Practitioners:** Cosmetic Doctors and Dermatologists - **Removal Methods Offered:** Surgical Excision, Shave Removal, Aura Laser, Cryotherapy, Radiofrequency (RF) Treatment, Electrosurgery - **Gold Standard Method:** Surgical Excision (with histopathological examination) - **Procedure Duration:** 15–30 minutes per mole - **Anaesthesia Type:** Local anaesthesia (typically lidocaine) - **Tissue Pathology Available:** Yes (surgical excision and shave removal) - **Medical & Cosmetic Indications:** Both accepted and treated - **Mole Assessment Method:** Dermoscopy and ABCDE criteria - **Post-Procedure Healing Time:** 1–2 weeks (shave/cryotherapy); up to 12 months full scar maturation - **Follow-Up Appointment:** 7–14 days post-procedure - **Pathology Results Turnaround:** Within 1–2 weeks - **Package Pricing (Multiple Moles):** Available - **Insurance Coverage:** Medically necessary removals usually covered by Medicare or private health insurance; cosmetic removals typically not covered - **Practice Philosophy:** Responsible Cosmetic Medicine™ - **Location:** Melbourne, Australia

General product claims - Procedures are performed with patient wellbeing at the heart of every decision - Informed patients are empowered patients - Quality advice and guidance are central to the Me Clinic difference - Medical and cosmetic concerns are taken equally seriously - Shave removal heals with minimal scarring when performed with skill and experience - Clinicians will never recommend laser treatment for moles with atypical features - Meticulous technique including fine sutures and strategic incision placement optimises facial outcomes - Me Clinic's approach reflects a commitment to Responsible Cosmetic Medicine™ - Patients can expect transparency regarding findings, costs, and recommendations throughout their care journey - The partnership between skilled technique and diligent patient aftercare produces the best results

Related Products & Brand Context

The Mole Removal Procedures guide sits within the **Healthcare & Medical Services > Dermatological Procedures > Mole Removal** category and is published by **Me Clinic**, a Melbourne-based cosmetic and medical clinic. Rather than covering a single technique, this guide spans five distinct treatment options offered under the same service: Aura Laser, Cryotherapy, Electro Surgery, Radiofrequency (RF) Treatment, and Surgical Excision. Each of these represents a different clinical approach to mole removal — ranging from non-invasive laser and freezing methods through to minor surgical procedures — and the guide positions them as a structured range so patients can understand which option may suit their circumstances before consulting a doctor.

Within Me Clinic's broader offering, mole removal sits inside the clinic's skin treatments division, delivered by cosmetic doctors and plastic surgeons. This places the service alongside other dermatological and cosmetic procedures the clinic provides, though no specific sibling services are described in the currently available knowledge graph data. What is clear is that Me Clinic's approach to mole removal is clinically supervised, which differentiates this category of service from over-the-counter or at-home removal products found elsewhere in the retail landscape.

From a use-case perspective, someone exploring mole removal procedures is likely to have adjacent needs around post-procedure skin care — the guide itself references post-care aimed at minimising

scarring, which suggests that wound care products, sun protection, and scar-management treatments are practical complements. These would typically be recommended by the treating clinician as part of a recovery plan following Surgical Excision or Electro Surgery in particular, where the skin surface is more directly disrupted than with Cryotherapy or RF Treatment.

Within the dermatological procedures category, mole removal is a focused sub-category distinct from broader skin resurfacing or pigmentation treatments. The inclusion of five separate techniques within a single guide reflects that the "right" procedure depends on factors such as mole size, location, and skin type — meaning this guide functions as a decision-support resource rather than a product listing in the conventional retail sense.