ULLAS

FACIAL PLASTIC SURGERY

Acne Scar Treatment

Patient Information Guide

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This leaflet explains the treatments we offer for acne scarring, what each involves, what to expect during recovery, and the possible risks. Please read it carefully and keep it for reference. If anything is unclear, we are happy to answer your questions at your consultation.

Understanding Acne Scars

Acne scars form when inflamed spots damage the deeper layer of the skin (the dermis). As the skin heals, it can produce too little collagen, leaving a depression, or occasionally too much, leaving a raised scar. The most common types of depressed (atrophic) scars are:

- **Ice pick scars —** Deep, narrow scars that look like small puncture marks.
- **Boxcar scars —** Round or oval depressions with fairly sharp edges.
- **Rolling scars —** Broad, shallow dips that give the skin a wave-like appearance, caused by fibrous bands tethering the skin down.

Most people have a mixture of scar types, so we often recommend a combination of treatments, and usually more than one session, to achieve the best result. Acne should be well controlled before scar treatment begins.

Subcision

What it is

Subcision is a minor procedure used mainly for rolling scars. Under local anaesthetic, a fine needle or blunt cannula is passed beneath the scar to release the fibrous bands that pull the skin downwards. This allows the skin to lift, and the small controlled injury also stimulates new collagen.

What to expect

- Performed in clinic under local anaesthetic; usually takes 30–60 minutes.
- Bruising and swelling are expected and typically settle within 1–2 weeks.
- Most people return to work within a few days; make-up can usually be worn once any needle-entry points have healed.
- Improvement builds gradually over 2–3 months as collagen forms. Two to three sessions, spaced at least 4–6 weeks apart, are often needed.

Risks

Bruising, swelling, tenderness, temporary firmness or small lumps under the skin, infection (uncommon), pigment change, and rarely a small raised scar (hypertrophic scarring). Very rarely, injury to small nerves or blood vessels.

Dermal Fillers

What it is

Dermal fillers (most commonly hyaluronic acid gels) are injected beneath depressed scars to lift them level with the surrounding skin. We also offer micro and nanofat, which use your own tissues and have their own benefits. Fillers work well for rolling and some boxcar scars, and are often combined with subcision. Results are visible immediately.

What to expect

- A quick clinic procedure, usually 15–30 minutes, with numbing cream or local anaesthetic if needed.
- Mild redness, swelling or bruising at injection sites usually settles within a few days.
- Hyaluronic acid fillers are temporary, typically lasting 6–18 months depending on the product; top-up treatments maintain the result. Some collagen-stimulating fillers last longer.

Risks

Bruising, swelling, lumpiness or unevenness, infection (uncommon), and allergic reaction (rare). A very rare but serious risk of any filler is blockage of a blood vessel, which can damage the skin; we take specific precautions to minimise this, and hyaluronic acid fillers can be dissolved if a problem occurs.

Laser Resurfacing

What it is

Laser resurfacing uses focused light energy to remove or heat the outer layers of the skin in a controlled way, stimulating new collagen and smoothing scar edges. It is particularly effective for boxcar and shallower scars, and for overall skin texture. We will advise whether fully ablative or fractional treatment suits your skin best. Fractional lasers treat the skin in tiny columns, leaving surrounding skin intact for faster healing.

What to expect

- Performed sometimes with numbing cream, local anaesthetic, or occasionally sedation, depending on the depth of treatment.
- The skin will be red, swollen and feel sunburnt afterwards. Fractional treatments usually heal in 4–7 days; deeper ablative resurfacing can take 1–2 weeks, with redness that may persist for several weeks to months.
- Strict sun protection (SPF 50) is essential for at least 3 months after treatment.
- A course of 2–4 fractional treatments, spaced 4–8 weeks apart, is common; deeper resurfacing may achieve more in a single session.

Risks

Prolonged redness, darkening or lightening of the skin (more likely in darker skin types — we will assess this carefully), infection including reactivation of cold sores (antiviral tablets may be prescribed), acne flare or milia, and rarely scarring. Laser treatment is timed carefully if you have had recent isotretinoin (Roaccutane) treatment or a suntan.

Comparing the Treatments

	Subcision	Dermal fillers	Laser resurfacing
Best for	Rolling scars	Rolling and some boxcar scars	Boxcar scars, overall texture
Downtime	A few days (bruising up to 2 weeks)	Minimal — a few days	4 days to 2 weeks depending on depth
Results appear	Gradually over 2–3 months	Immediately	Gradually over 3–6 months
How long results last	Long-lasting	6–18 months (temporary fillers)	Long-lasting
Typical sessions	2–3	1, with top-ups	2–4 fractional, or 1 deeper treatment

Before Your Treatment

- Tell us about all medicines you take, including blood thinners, and any history of cold sores, keloid scarring, or recent isotretinoin (Roaccutane) use.
- Avoid aspirin, ibuprofen, alcohol and fish-oil supplements for a few days beforehand where safe to do so, to reduce bruising.
- Avoid suntanning and self-tan for 4 weeks before laser treatment.
- Attend with clean skin and no make-up on the day.

After Your Treatment

- Follow the specific aftercare instructions we give you on the day.
- Keep the area clean; use only the products we recommend while the skin heals.
- Apply SPF 50 sunscreen daily and avoid direct sun exposure.
- Avoid strenuous exercise, saunas and swimming for the period we advise (usually 48 hours to 2 weeks depending on the treatment).
- Contact the clinic promptly if you develop increasing pain, spreading redness, blistering, or any skin that turns pale or dusky after filler treatment.

Realistic Expectations

No treatment removes acne scars completely. The aim is a significant, natural-looking improvement — typically a 30–75% improvement depending on scar type, skin type and the treatments chosen. Improvement continues for several months after treatment as collagen remodels. We will give you an honest assessment of what is achievable for your skin at consultation.

Alternatives

Other options include microneedling, radiofrequency microneedling, chemical peels, punch excision of individual deep scars, and skin-boosting injectables. Doing nothing is always an option — acne scars are harmless to health. We are happy to discuss all alternatives with you.

Questions and Contact

If you have any questions before or after your treatment, please contact the clinic and we will be pleased to help. You will have the opportunity to discuss everything in detail, including costs and a personalised treatment plan, at your consultation, and you will be asked to give written consent before any procedure.

> *This leaflet is for general information only and does not replace an individual consultation. Ullas Facial Plastic Surgery — Mr Gautham Ullas.*