PROCEDURE

Dermabrasion

Dermabrasion removes controlled layers of skin to soften scars and uneven texture

PURPOSE
To smooth scars, wrinkles, and uneven skin texture

PROCEDURE TYPE
Therapeutic surgical resurfacing using a rotating abrasive instrument

WHERE IT IS DONE
Outpatient clinic, procedure room, or operating theatre

ANAESTHESIA
Local, moderate or deep sedation, or general

HOW LONG IT TAKES
A few minutes to over one hour

PREPARATION
Medication review; fasting and arranged ride if sedated

RECOVERY
Days to weeks; no driving after sedation or strong pain medicine

MAIN RISKS
Infection, scarring, pigment changes, prolonged redness

RESULTS
Initial change after healing; final appearance after several months

Overview

Dermabrasion is a skin-resurfacing procedure. A clinician uses a rapidly rotating instrument, such as a wire brush or diamond-coated wheel, to remove controlled layers of skin. As the area heals, smoother new skin grows over it.

It is most often used on the face, although some scars on other parts of the body may be treated. The depth of treatment is chosen according to the skin concern, its location, and your risk of scarring or colour change.

Dermabrasion is more intensive than microdermabrasion. Microdermabrasion removes only the surface layer and usually has little downtime. Dermabrasion reaches deeper layers, so it can produce a greater change but requires wound care and a longer recovery.

Why the procedure is performed

Dermabrasion may be offered to make certain skin changes less noticeable rather than remove them completely. These include:

Whether it is suitable depends on the type and depth of the skin change. Deep, narrow acne scars may respond better to procedures that target individual scars. Dermabrasion also does not prevent ageing, new acne, or further sun damage.

Ask what improvement is realistic for your skin. Photographs of previous patients with similar skin and scars may help you understand the likely result.

- Acne scars, especially broader or shallow scars
- Scars caused by surgery, injury, or some skin conditions
- Fine lines or sun-damaged texture, particularly around the mouth
- Thickened skin on the nose from rhinophyma
- Selected raised growths, precancerous changes, or tattoos

Who should and should not have it

Dermabrasion may be considered when a scar or uneven texture affects you and less invasive options are unlikely to provide enough improvement. You need to be able to follow wound-care instructions and protect the treated skin from sunlight while it heals.

It is not right for everyone. Treatment may be avoided, changed, or delayed if you have:

Tell the clinician if you have ever had cold sores. Skin resurfacing can reactivate the herpes virus, even if no sore is visible on the day. Preventive antiviral medicine may be prescribed.

Darker skin tones have a greater risk of lasting light or dark patches after dermabrasion. This does not automatically rule it out, but the risk, the clinician's experience with your skin tone, and alternatives should be discussed carefully.

Smoking and nicotine can slow healing. Elective treatment may also be postponed during pregnancy because of anaesthetic or medication considerations.

- An active skin infection, cold sore, acne outbreak, or open wound
- A history of thick, raised scars called keloids
- A condition or medicine that significantly affects healing or immunity
- Poorly controlled diabetes or another health issue that raises surgical risk

- Recent use of isotretinoin, an acne medicine linked historically with healing concerns
- Plans that make careful wound care and sun protection impractical

How to prepare

Your treating facility's own instructions take priority because preparation differs with the treatment area and type of anaesthesia.

Give the team a complete list of medicines, supplements, allergies, skin products, and previous cosmetic procedures. Mention blood thinners like warfarin or apixaban , medicines that increase sun sensitivity, isotretinoin, and any history of unusual scarring. Do not stop a prescribed blood thinner unless the clinician who manages it agrees.

You may be asked to avoid smoking or nicotine and to protect your skin from tanning or sunburn before treatment. Some people receive a skin-care plan or medicine to reduce the risk of infection.

If you will have sedation or general anaesthesia, follow the facility's fasting instructions. Arrange for an adult to take you home and, if advised, stay with you for the first night. Wear loose clothing that will not rub against the treated area.

What happens during the procedure

Before treatment, the clinician checks your skin and may take photographs. The area is cleaned and marked. Your eyes, hair, and nearby skin are protected.

A local anaesthetic numbs the skin. Sedation may be added to make you relaxed or sleepy. General anaesthesia, which makes you fully unconscious, may be used for a large or deep treatment.

The clinician holds the skin steady and passes the rotating abrasive instrument over it in controlled sections. Layers are removed until the planned depth is reached. The edges may be blended into untreated skin so the transition is less obvious.

Bleeding or fluid seepage is expected from newly resurfaced skin. The area is then covered with a moist dressing, ointment, or another wound covering. You are monitored until the anaesthetic or sedation has worn off enough for discharge.

Recovery and what to expect afterward

Pain is often described as burning, stinging, tightness, or soreness. Swelling can be significant, especially around the eyes or mouth. Use only the pain relief and cool-compress method recommended by your team.

You can usually eat normally after local anaesthetic. After sedation or general anaesthesia, begin with fluids and light food if you feel nauseated. Treatment around the mouth can make soft foods more comfortable for a few days.

The skin may look raw and release clear or blood-stained fluid at first. Follow the dressing and cleansing instructions closely. Do not pick crusts or use unapproved creams. New skin commonly forms within about one to two weeks, but redness can remain for weeks or months.

Avoid strenuous activity, swimming, contact sports, and anything that contaminates or rubs the area until cleared. Once the wound closes, careful sun protection is important because new skin is highly sensitive.

Do not drive after sedation or general anaesthesia until the facility's restriction has passed. You also should not drive while taking pain medicine that causes drowsiness or if swelling affects your vision.

Many people need roughly one to two weeks away from public-facing work, although deeper or larger treatment may require longer. Returning to physical work can take more time.

Risks and possible complications

Expected swelling, redness, tenderness, and temporary changes in skin sensitivity are different from complications. Possible complications include:

Careful wound care reduces some risks but cannot remove them. Ask how your skin tone, scar history, treatment depth, and medical conditions affect your personal risk.

- Bacterial, fungal, or viral infection, including reactivated cold sores
- Scarring, including raised or widened scars
- Skin becoming lighter, darker, or uneven in colour
- Redness that lasts longer than expected
- Small white bumps called milia or a temporary acne flare
- Persistent swelling or changes in skin texture
- A visible boundary between treated and untreated skin
- Anaesthetic reactions or bleeding

Results and follow up

You may notice smoother skin after the wound closes, but early redness and swelling can hide the result. The appearance usually continues to change over several months as redness fades and scar tissue remodels.

Dermabrasion can soften scars and texture, but it rarely makes skin completely smooth. Some people need more than one type of treatment to address different scars.

Routine follow-up allows the team to check healing, change wound care, and decide when you can restart skin products, exercise, shaving, or makeup. Attend these visits even if recovery seems uncomplicated.

Results can last for years, but normal ageing continues. Sun protection helps limit colour changes and further sun damage.

Alternatives

The best alternative depends on the type of scar or skin change and how much recovery you can accept.

Treatments are sometimes combined. Ask why dermabrasion is preferred over these options for the specific feature being treated.

- No procedure: avoids cost and medical risk, but the scar or texture remains
- Camouflage makeup and skin care: require little recovery but cannot reshape deeper scars
- Chemical peel: uses a chemical solution rather than abrasion; depth and downtime differ, and pigment changes remain possible
- Laser resurfacing: allows precise treatment and may control bleeding better, but still involves downtime, pigment risk, and cost
- Microneedling: creates small needle injuries with less surface removal; recovery is often shorter, but several sessions may be needed
- Subcision or fillers: can raise selected depressed acne scars, but do not resurface the whole area and filler effects may be temporary
- Punch treatment or scar revision: removes or rearranges individual deep scars, trading a difficult scar for a planned surgical scar

- Microdermabrasion: is gentler with little downtime, but does not reach deeply enough to substantially change most established scars

When to call your healthcare team

Contact the treating team promptly for increasing pain after initial improvement, spreading redness, worsening swelling, pus, bad odour, fever, or a dressing soaked with ongoing bleeding. New clusters of painful blisters, especially around the mouth or eyes, may need urgent antiviral treatment.

Seek urgent medical assessment for severe swelling that closes an eye, new vision changes, rapidly darkening skin, or bleeding that does not stop with the method your team provided.

Call emergency services for trouble breathing, fainting, chest pain, severe confusion, or swelling of the tongue or throat.

Routine questions about persistent redness, itching, shaving, makeup, exercise, or restarting skin products can usually wait for the clinic's normal hours or your planned follow-up.

Common questions

Will I be asleep?

Not always. Small areas may need local anaesthetic alone. Sedation or general anaesthesia may be used for larger, deeper, or more sensitive areas.

Can I drive home?

Not if you receive sedation or general anaesthesia. Arrange a ride. You should also avoid driving while taking drowsiness-causing pain medicine or if facial swelling limits your vision.

How painful is dermabrasion?

The anaesthetic limits pain during treatment. Afterward, burning, stinging, tightness, and tenderness are common. Your team should give you a specific pain-control plan.

When will I know if it worked?

The first change becomes visible after new skin forms. A fair assessment usually takes several months because swelling and redness fade gradually.

Will the scar disappear completely?

Usually not. The aim is to make the scar or uneven texture less noticeable. Results depend on the scar's depth, location, and how your skin heals.

When can I wear makeup again?

Wait until the surface has fully closed and your team says makeup is safe. Applying it too early may irritate the wound or introduce infection.

Sources

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- American Academy of Dermatology Association. Acne Scars: Consultation and Treatment