

Cellulite has a sense of humor. It shows up where you least want it, ignores your gym membership, and behaves differently on every body. I have spent years in treatment rooms and consults seeing how dimples and puckering land on pears, apples, hourglasses, and athletic builds. The takeaway: body shape changes the game. The right cellulite reduction treatment is not just about the device or the cream. It is about mapping what is happening under your skin and matching technique to your anatomy, hormones, and habits.

Let me set expectations straight away. Cellulite is not a sign of poor health or laziness. It is the result of fibrous septa tugging down on the dermis while fat lobules push up, with skin thickness and hormones tipping the balance. Genetics write most of the script. You can tighten, smooth, and soften, sometimes dramatically, but you cannot rewrite anatomy entirely. Anyone promising “permanent removal” is selling a fantasy. Strong improvements are very achievable when you choose for your body rather than against it.

How cellulite actually forms, minus the fluff

If you could zoom in beneath the dimples, you would see three characters at work. Fat lobules, separated by vertical or angled fibrous bands, sit under the skin. Those bands, called septa, can stiffen and shorten. Above them, the dermis and its collagen matrix act like a trampoline surface. When septa tether downward and fat pushes upward, the surface dimples. If the trampoline (your skin) is thinner or looser, the puckering looks deeper. Add estrogen’s influence on fat distribution and microcirculation, and the stage is set.

Not all cellulite behaves the same. Some dimples are discrete and deep, like thumbprints. Others look wavy or cottage-cheesy, more spread out and shallow. The difference matters, because treatments target different parts of the triad — septa, fat, or skin.

The most honest assessment starts with palpation and light manipulation. I gently pinch and roll the tissue while the client stands, then again lying down. If dimples disappear lying flat, fat component is probably modest. If they persist while muscles flex, the septa are calling the shots. If the surface looks crêpey, you are dealing with skin quality on top of everything else.

Why body shape changes the plan

Body shape is code for where you store fat, how your fascia patterns, and what your skin naturally does over time. The classic categories help us predict:

- **Pear:** fat prefers hips, outer thighs, and buttocks. Septa are often strong and vertical over the saddlebags and gluteal fold. Skin can be thick in the lower body but laxity creeps in after weight changes, pregnancy, or perimenopause.
- **Apple:** central storage, with comparatively leaner legs. When cellulite appears, it often clusters around the lower abdomen, love handles, and upper thighs, with mixed fat and laxity.
- **Hourglass:** generous curves up top and bottom with a narrower waist. Cellulite tends to form on the back of the thighs and the buttocks, with tight septa creating deep, well-defined dimples.
- **Athletic or rectangular:** leaner, less subcutaneous fat, tighter fascia. Even small pockets can look prominent because thinner skin and strong underlying muscles accentuate contrast. Laxity might be minimal, but textural ripples can be stubborn.

Understanding these patterns keeps us from swinging the wrong hammer. A radiofrequency session that tightens skin nicely does not cut a fibrous band. Conversely, subcision that releases dimples may not fix crêpe-like texture

on a runner's thighs. The puzzle is to layer treatments in the right order.

A quick map of the main treatment families

Think of cellulite care as three levers: release the tethers, adjust the volume, improve the fabric.

- Septa-focused treatments. Subcision, which can be manual with a needle or mechanically assisted, snips fibrous bands. There are device-assisted versions with guided depth and side-selective blades. The result is immediate release of targeted dimples, though bruising and tenderness are normal for a week or two. Good candidates show discrete, deep dimples that persist even when standing tall.
- Skin-tightening and collagen induction. Radiofrequency (monopolar, bipolar, or multipolar), microneedling with radiofrequency, infrared light, and focused ultrasound heat the dermis, stimulating collagen and elastin. Over 2 to 6 sessions, the surface becomes firmer and less wavy. They help most where laxity and texture are the villains.
- Fat modulation. Noninvasive options like cryolipolysis and certain laser or injectable lipolysis techniques can trim a bulge that exaggerates dimpling. They do little for the septa. Weight stability enhances their longevity. Aggressive fat removal, especially with liposuction, can worsen cellulite if not paired with skin tightening because removing volume can increase the relative pull of septa.
- Vascular and lymphatic support. Massage, endermologie, pneumatic compression, and disciplined movement can reduce fluid and improve tissue tone temporarily. Results are softer and shorter lived, but they boost other modalities and help maintenance.
- Topicals and supplements. Caffeine gels, retinol creams, peptides, and certain botanicals can tighten the top layer slightly and improve skin quality. I have measured maybe 5 to 10 percent visual change on disciplined use over 8 to 12 weeks. They are the supporting cast, not the star.

With that menu in view, let's match to body shapes.

Pear shapes: hips, buttocks, and the stubborn outer thigh

The pear body often walks in saying, "No matter what I weigh, my outer thighs and butt dimples stay put." They are not imagining it. The lateral thigh has dense, vertical septa and thicker skin. The gluteal crease and posterior thigh harbor those classic, deep, reproducible dimples.

What works well is a two-step strategy. First, release the obvious dimples with subcision. I mark each dimple upright, then infiltrate a [cellulite reduction treatment](#) tumescent solution for comfort. With a small, side-cutting cannula or a hooked needle, I free the tethers until I feel that gratifying give. This can correct 60 to 80 percent of the depth in one session when the targets are well chosen. Bruising can be dramatic in the first week. Most patients wear compression shorts for 5 to 7 days and ease back into workouts within a week.

Second, address the terrain around those released points. Radiofrequency microneedling or a deep bulk-heating radiofrequency series over the entire buttock and saddlebag region improves tone, blends the surface, and reduces the ripple effect. I typically schedule three sessions, four weeks apart. Pear shapes respond especially well to this pairing because their skin can hold new collagen robustly, and the fat pads beneath are stable once weight is steady.

If the outer thigh bulge is prominent and contributes to the look, a fat-modulating step can help, but tread carefully. Cryolipolysis can debulk saddlebags by 20 to 25 percent over two to three months, but I always combine it with skin tightening to avoid trading dimples for laxity. Surgical liposuction has its place, yet without

adjuncts it can worsen surface irregularity. The best surgical colleagues now combine gentle liposuction with internal radiofrequency tightening, and they pre-plan subcision where needed.

Lifestyle angles for pears: heavy squats and deadlifts build shape, which is great for the glutes, but overdeveloped lateral thigh muscles can push the skin outward against those septa. Balancing with hip abductor mobility and hamstring strength smooths the contour under the skin. Hydration and sodium balance noticeably reduce end-of-day swelling in this group, especially during the luteal phase of the menstrual cycle.

Apple shapes: the midsection puzzle

Apples often report, “My legs are fine. It’s the lower belly and flanks that look rippled when I bend.” Here cellulite mingles with fat compartments influenced by insulin and cortisol, along with skin laxity that shows early after weight shifts. Septa play a role, but not as dominant as in the pear.

I start with gentle fat modulation if there is a clear bulge, such as the lower abdominal pooch or love handles, followed by skin tightening across the entire zone. Cryolipolysis [cellulite reduction treatment](#) or a well-placed injectable lipolysis series can trim volume. Three months later, radiofrequency or focused ultrasound tightens the sheet of skin, reducing waviness. When discrete dimples remain on the flanks or lower abdomen, small-area subcision can be added, but I avoid aggressive release in the belly where vasculature is richer and bruising can be more stubborn.

Apples benefit immensely from improving the fascia and posture. Anterior pelvic tilt and tight hip flexors exaggerate lower belly protrusion and create creases where fluid pools. Ten minutes of daily mobility — hip flexor stretches, thoracic extension, and diaphragmatic breathing — does not flatten cellulite, but it changes how the surface looks under clothing. Hormonal shifts, particularly perimenopause, can move fat north and thin the dermis. Topicals with retinoids and peptides help here more than in other shapes since the skin itself is often the weak link.

Hourglass figures: curves and the deep dimple

Hourglasses tend to have enviable curves and, ironically, some of the most pronounced single dimples on the buttocks or back of the thighs. The septa are thick and oriented vertically, so when they tether, they carve a pothole. The surrounding skin is usually healthy and resilient. This makes them ideal candidates for focused subcision, sometimes assisted by a device that locks onto the dimple so depth is consistent.

I photograph dimples in standing and seated positions, because these can shift with hip rotation. Then I subcise each, adding a small amount of filler or diluted biostimulator under the released area if there is a “volume void.” Not everyone needs this. In many hourglass cases, release alone resolves the dimple if the surrounding fat pad is full enough. I still like to add one or two radiofrequency sessions to blend the area, particularly if small ripples surround the main dimple.

Weight fluctuations swing results more obviously in hourglass shapes. Five kilograms up or down can alter how septa reassert themselves. Stabilizing weight through a maintenance phase after treatments gives the collagen time to remodel. A simple, boring tip that works: avoid big cuts or bulks for three months post subcision.

Athletic or rectangular builds: when tone meets texture

Athletic clients sometimes arrive frustrated, saying, “I train hard and eat clean, yet I have these skinny-fat ripples.” Low subcutaneous fat, tight fascia, and thinner skin can turn mild septal pulls into visible texture. Traditional fat loss doesn’t help, and aggressive fat removal can make the problem louder.

Here, skin quality is the first lever. Radiofrequency microneedling shines in this group. With lower fat volume, needles can reach the dermis predictably, and results come faster. I plan three to four sessions, one month apart, then reassess for any residual tether that needs a small subcision. I use a blunt microcannula and stay superficial to avoid creating dents. If an athlete is in a heavy training block, I schedule sessions during deload weeks to avoid compounding inflammation.

Massage and lymphatic work are surprisingly helpful short-term for athletic bodies. They do not dissolve cellulite, but they smooth the fascia and reduce fluid shifts that create morning-versus-evening texture changes. These bodies take well to retinol body lotions and collagen-stimulating peptides because their dermis responds briskly. They also need to watch overdevelopment of a single muscle group that can “tent” the skin over strong septa — for example, excessive quad dominance without hamstring balance.

Matching dimple type to tool

I keep a simple mental grid during consults that overrides body shape when needed:

- Deep, discrete dimple that persists when standing and sitting: subcision first, then blend with RF if texture remains.
- Shallow, widespread rippling without clear dimples: radiofrequency or RF microneedling series, layered with diligent topical care; consider mechanical massage for maintenance.
- Bulge-enhanced dimpling, especially lateral thigh or lower belly: conservative fat reduction plus skin tightening, then targeted subcision only where dimples remain.
- Crêpe-like skin overlay, common after weight loss or postpartum: collagen induction front and center, with topical retinoids and strict sun protection; avoid aggressive fat removal.

That grid prevents the classic mistake of treating all cellulite as a single species.

The thorny question of longevity

How long do results last? Subcision can provide multi-year improvement on the released dimples, especially if weight is stable and the person supports the skin with collagen-friendly habits. I see many clients still happy three years after a single well-executed session. That said, new dimples can appear in adjacent areas because anatomy is not uniform.

Skin tightening gains accumulate over a series and then drift over 12 to 24 months as collagen turns over and hormones evolve. Most clients choose a maintenance session once or twice a year. Fat reduction is relatively durable in the treated pockets, but future weight gain can enlarge remaining fat cells.



Seasonality matters in real life. Bruising, compression garments, and heat-based treatments do not pair with beach trips. If summer is your priority, schedule your more visible treatments in the cooler months and reserve low-downtime maintenance, like massage or topicals, for spring.

What I tell clients before they start

Expectations matter more than settings and device brand names. The goal is a noticeable, confidence-building change, not the skin of a retouched photo. You might trade a 10 out of 10 dimple for a 3, which, in clothing and everyday light, reads as smooth. If results need that final 10 percent, leave room for a touch-up visit rather than forcing everything into one marathon session.

Budget honestly. Pairing treatments raises cost, but often does more with fewer total visits. Subcision plus two RF sessions beats six isolated RF sessions for deep dimples almost every time. On the flip side, if you only have the bandwidth for topicals and lifestyle for now, that is not a waste. Better skin is better skin. You will respond faster to procedures later.

Downtime is real. Subcision bruises, sometimes spectacularly on the thighs. Plan around shorts season and work. Radiofrequency feels like a firm sunburn for a day or two, tolerable but not invisible. Massage-based modalities take time and consistency to show value.

The quiet levers: hormones, sleep, and salt

Cellulite's visibility waxes and wanes with water retention. Estrogen shifts around the cycle can make dimples louder in the week before a period. Perimenopause often flips body shapes slightly, moving storage north and thinning the dermis. Sleep and stress hormones affect fluid and insulin, which change how fat pockets look day to day. A client once joked that her cellulite had a mood ring. She wasn't far off.

A few practical anchors: aim for consistent sleep, hydrate with a predictable routine instead of feast-or-famine gulps, and watch sodium swings around big events. For people sensitive to carbs and insulin spikes, distributing carbohydrates around workouts steadies water retention. None of this treats septa, yet all of it makes the surface kinder, especially in photos and tight fabrics.

Real-world case sketches

A 34-year-old runner with rectangular build, BMI 21, complained of rippling on the posterior thighs. Pinch test revealed minimal fat, with dimples disappearing when she flexed hamstrings. We skipped fat reduction. Three sessions of RF microneedling at 4-week intervals improved texture by about 40 percent, with one small subcision for a persistent dimple at visit three. She uses a retinol body lotion twice weekly and comes in every 9 months for a single maintenance RF pass. She reports she finally wears shorts on group runs without thinking about the back view.

A 41-year-old pear with deep buttock dimples and prominent saddlebags wanted swimsuit-ready results. We staged treatment over winter: subcision for 12 marked dimples, compression for a week, then three monthly radiofrequency sessions to the buttocks and lateral thighs. Two months later, we added one round of cryolipolysis to the outer thighs, followed by a final RF session to tighten. At 6 months, dimples were reduced roughly 70 percent with smoother transitions across the saddlebags. She stayed within a 2 kg weight window to protect the outcome.

A 48-year-old apple in perimenopause with lower belly rippling after a 10 kg weight loss. We used conservative cryolipolysis on the lower abdomen, waited 12 weeks, then ran three sessions of focused RF over the abdomen and flanks. Residual small dimples at the lateral flanks were subcised gently. She adopted nightly retinoid body cream and a stretching routine to address hip flexor tightness. Photos at 6 months showed a tighter sheet of skin and barely visible dimpling except in sharp overhead light.

Home strategies that actually help between sessions

You cannot replace procedures at home, but you can make the skin and fascia far more cooperative.

- Use a retinol or retinoid body product two to three nights a week, ramping up slowly. Pair with a bland, dense moisturizer the other nights. Over 8 to 12 weeks, the dermis thickens slightly and texture looks finer.
- If you lift, balance your program. Train hamstrings and glute medius as faithfully as quads. Strong, evenly developed posterior chain smooths the scaffold under the skin.
- Add five minutes of simple fascia care after showers. A silicone cup glide with light suction or a manual rolling routine improves tissue glide and circulation. Do not bruise yourself; gentle and regular beats aggressive and rare.
- Keep weight stable for at least three months post treatment. This single habit protects the collagen you worked to build.
- Manage sun on thighs and buttocks just like you do your face. UV thins the dermis over time. A light SPF in daily body lotion is not overkill if legs see regular daylight.

The truth about creams and gadgets

A question I get weekly: “Is there a topical that actually works?” If by works you mean deletes cellulite, no. If you mean makes skin springier and slightly tighter, yes, with diligence. Caffeine can reduce transient puffiness. Retinoids stimulate collagen and improve texture. Peptides and niacinamide support barrier and tone. Expect modest gains that make a bigger difference when layered over procedural improvements.

As for at-home gadgets, think of them as maintenance, not miracle. Some radiofrequency devices for home are underpowered by design. They can support skin health if used routinely, three to five times a week for months. If you do not enjoy the routine, skip it and invest that time in sleep and movement.

How to choose a clinician and a plan

Cellulite reduction treatment is only as good as the eyes and hands guiding it. Ask how they differentiate between septal, skin, and fat components. If a consult jumps straight to one brand's package without a physical exam that includes standing, seated, and pinching tests, keep shopping. A tailored plan should sound more like, "We will release these five dimples, then do three sessions of RF to blend and tighten, and we will reassess this lateral pocket for modest fat reduction in month three," and less like, "Six sessions of Device X for everyone."

Ask to see photos that match your shape and lighting. Cellulite is lighting-sensitive, so honest clinics photograph from multiple angles and under consistent conditions. Discuss downtime and seasonality. If you are planning a beach trip in six weeks, subcision today is a mismatch. If a marathon is on your calendar, schedule energy-based treatments around your taper.

When to pause or pivot

A few red flags suggest waiting. If your weight is actively fluctuating more than 3 to 4 kg month to month, hold off on permanent-seeming steps. If you have uncontrolled thyroid issues or anemia, address those first since they change skin quality and bruising risk. Smokers heal slowly and bruise longer; cessation improves outcomes more than any device can.

And sometimes the kindest advice is to do less. If your cellulite is mild and only visible in very compressed lighting, you might be happiest with topical care, strength training, and tailored wardrobe choices. An experienced clinician will tell you when the juice is not worth the squeeze.

The practical, body-shape cheat sheet

Align the approach to your silhouette and the dimple type. Pears usually win with subcision first, then radiofrequency, with selective fat trimming if bulges exaggerate the look. Apples respond well to controlled fat reduction plus broad skin tightening, then precision subcision where needed. Hourglasses shine with targeted subcision and minimal blending, guarding against weight swings. Athletic bodies thrive on collagen induction and occasional micro-subcision, with attention to program balance and fascia.

Whatever your shape, the hierarchy holds: match the tool to the tissue. Release what tethers, firm what sags, and reduce what overfills. Add patient habits that protect collagen and circulation. Expect real, not perfect. That mindset, paired with the right techniques, turns the battle with dimples into a manageable project instead of a lifelong skirmish.

The final word from the treatment room: cellulite is not a character flaw. It is architecture. Renovate thoughtfully and it behaves. Ignore the blueprint and it throws shade under every overhead light. Choose your plan the way a builder would, start with structure, then move to finishes, and leave room for maintenance. The dimples will still be part of you, but they will stop running the show.

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