
Understanding wound malodour: patient and clinician perspectives

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Wound malodour is often an unpleasant side-effect experienced by patients with hard-to-heal wounds. The impact on mental and physical wellbeing is profound and can result in embarrassment, social isolation, depression and nausea. This list is not exhaustive and understanding the effect of malodour on an individual should be considered during holistic patient assessment. This article presents the findings of two surveys which aimed to gain a deeper understanding of the impact that malodour has on individuals and also the challenges experienced by healthcare professionals (HCPs) when treating patients with malodorous wounds. The patient survey was completed by 29 people, of which 76% (n=22) experienced wound malodour. The HCPs survey was completed by 789 respondents and challenges highlighted included lack of training and education, limited access to appropriate dressings and managing patient expectations.

KEYWORDS:

- Wound malodour ■ Malodour assessment ■ Quality of life
- Challenges of wound malodour ■ Dressing selection

Hard-to-heal wounds present a significant challenge both financially for healthcare organisations and personally for individuals who suffer from them (Black and Berke, 2020; Guest et al, 2020). Many of these wounds are accompanied by distressing symptoms, such as pain, excessive exudate, and malodour, all of which can significantly affect a patient's quality of life (Samala and Davis, 2015; Gethin 2023a; Probst and Saini, 2024). Patients experiencing malodour often resign themselves to living with the condition, which negatively impacts on many aspects of mental and psychological wellbeing, and may include nausea, depression, embarrassment, social isolation (Gethin, 2023a).

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Causes of malodour are complex and multifactorial, with infection being the most common factor (Black and Berke, 2020). Other contributors include the presence of devitalised tissue (e.g. slough and necrosis), fungating/malignant wounds (MFWs), certain wound dressings (e.g. hydrocolloids), and poor general hygiene (Pramod, 2025).

Despite its impact, managing wound malodour remains challenging for healthcare professionals (HCPs) due to inconsistencies in odour assessment, lack of standardised treatment protocols, and limited evidence-

based guidance in the literature (Gethin et al, 2023a; 2023b). Effective management begins with comprehensive patient assessment to identify barriers to healing and establish a diagnosis to guide care planning (Marshall, 2022; Pramod, 2025).

Assessing wound malodour is particularly difficult due to its subjective nature and the absence of a standardised assessment tool (Akhmetova et al, 2016). Malodour perception may also vary between patients and clinicians (Gethin et al, 2023b), and some individuals — including HCPs and patients — may experience anosmia (loss of smell) due to conditions such as post-Covid-19 effects or certain medications (Li and Lui, 2023). Patients may also become desensitised to the smell over time (Fleck, 2006).

Several grading and classification scales are available for assessing malodour, including the visual analogue scale, Teler[®] Scale and the Haig and Baker Scale (Akhmetova et al, 2016). The visual analogue scale and the Haig and Baker Scale are relatively simple to use, whereas the Teler[®] Scale involves a more detailed two-part assessment — one evaluating odour strength and the other assessing its impact on the individual (Browne et al, 2004; Fletcher, 2008). However, odour assessment scales are not commonly used in clinical practice. A survey by Gethin et al (2014) involving 1,444 HCPs found that only 12% assessed wound odour, primarily using descriptive terms, while just 4.5% of nurses employed a formal odour evaluation scale.

Additionally, there is limited guidance on validated treatment

options for managing wound malodour (Gethin et al, 2023b), often leading to a trial-and-error approach that can result in suboptimal patient outcomes (Gethin et al, 2014). Effective treatment should prioritise identifying and addressing the underlying cause along with managing patient concerns and expectations (Black and Berke, 2022).

There is limited research on the impact of wound malodour on individuals and the management challenges faced by HCPs. This article presents findings from two surveys conducted with both patients and HCPs, aiming to explore the complex challenges associated with experiencing or treating wound malodour. The survey results offer valuable insights into patients' lived experiences and the daily impact of malodour on their lives. Additionally, the findings highlight areas in clinical practice that may require improvement to better support HCPs in managing this issue effectively.

METHOD

Richardson Healthcare, in partnership with JCN, conducted two surveys to explore the impact of malodour on individuals with wounds, as well as the challenges HCPs face and their confidence in managing wound malodour.

Survey one, the patient survey, targeted members of the In This Together (ITT) community, a forum supporting individuals living with wounds or requiring compression. ITT members were invited to participate via an e-newsletter link. This survey included seven multiple-choice questions, allowing participants to select the most appropriate responses. Survey two, the HCP survey, consisted of eight questions, with opted-in users of the *Journal of Community Nursing* (JCN), *Journal of General Practice Nursing* (GPN) and *Wound Care Today* (WCT) websites invited to participate through an e-newsletter link. To provide deeper insights, both individuals with wounds and HCPs were also invited to share free-text summaries of their experiences and challenges related to wound

malodour. Both surveys were available from 04/2/25–24/2/25.

RESULTS

A total of 29 individuals who had experienced wound malodour completed survey one and 789 HCPs survey two. However, it should be noted that not all respondents to the surveys answered all questions so numbers (n) of respondents may vary according to the question.

Survey one — patient survey Does your wound smell or have you ever had an odorous wound?

Over 76% (n=22) of respondents indicated that they currently have or have had a wound that was malodorous.

Where is your wound located?

Five respondents (17%) chose not to indicate the position of their wound. The majority of respondents (54%, n=14) indicated that their wound was present on the leg. Other wound locations included the foot (12%, n=3), stomach (12%, n=3). The ear, ankle, bottom and rectum represented 3% (n=1) respectively of wound locations.

How does the smell impact on your life?

Five respondents chose not to answer this question. Malodour affected various aspects of the respondents' quality of life, with embarrassment being the most common impact (29%, n=7). Depression, self-isolation, and resistance to treatment were reported by 12.5% (n=3), while nausea and anxiety were experienced by 8% (n=2). One respondent indicated that wound malodour affected friends and family. Additionally, another respondent indicated that the malodour had resulted in a lack of confidence in clinicians.

What is the most distressing symptom that you experienced with your wound?

Three respondents chose not to answer this question. Pain was identified as the most distressing symptom, affecting 46% (n=12) of respondents. Odour was also a significant concern, reported by 27%

(n=7). Other distressing symptoms included leakage (15%, n=4), frequent dressing changes (8%, n=2), and lack of information (4%, n=1).

Do you feel comfortable speaking with your clinician about the smell?

Four respondents chose not to answer this question. Most of the respondents (68%, n=17) indicated that they felt confident in speaking to their clinician about the odour from their wounds. However, there were 32% (n=8) who did not feel confident.

Do you think your clinician is dealing with the smell effectively?

Two respondents chose not to answer this question. The majority (70%, n=19) felt that their clinicians managed wound odour effectively. However, 30% of respondents believed that their wound malodour was not adequately addressed.

Do you think your overall experience of care would improve if your clinician got rid of the smell?

Three respondents chose not to answer this question. Many (62%, n=16) stated that their overall wound care experience would improve if their clinician could eliminate wound malodour. However, 38% (n=10) felt it would not significantly impact their overall experience. Two respondents indicated that they did not see a clinician to manage their wound, this may imply that these respondents were self-managing their wounds.

Survey 2 — healthcare professional survey

What percentage of your current caseload has a malodorous wound?

Just over half of the respondents (51%, n=402) reported that malodour was present in less than 20% of their caseload. Meanwhile, 26% (n=209) noted that it affected more than 20% of cases, and 16% (n=130) indicated it could be present in over 40%. Additionally, 5% (n=38) estimated that malodour affected more than 60% of their caseload, while a small proportion (1%, n=10) believed that it could impact up to 80%.

Do you know the causes of malodour?

The majority of HCPs indicated that they were aware of the causes of

Table 1: Common themes in challenges when trying to manage malodorous wounds

Theme	HCP comments
Dressings	<ul style="list-style-type: none"> ▶ Poor availability and access to appropriate dressings ▶ Not enough choice of products ▶ Many dressings did not have the ability to manage the malodour effectively ▶ Products available did not manage the combination of symptoms that were present within the wounds, such as high volume of exudate, odour and infection ▶ Leakage of malodorous exudate onto bandages
The patient	<ul style="list-style-type: none"> ▶ Managing patient comfort was considered both a challenge and a priority ▶ Respondents believed that embarrassment, social isolation, distress and poor quality of life was experienced by patients with malodorous wounds ▶ Patient compliance with treatment ▶ Managing patient expectations
Knowledge	<ul style="list-style-type: none"> ▶ Lack of knowledge when assessing the cause of wound odour ▶ Poor understanding of what is the most appropriate product that could assist in odour management
Wound types	<ul style="list-style-type: none"> ▶ Leg ulcers and fungating wounds were cited as being particularly difficult to manage when considering odour
Effects of malodour	<ul style="list-style-type: none"> ▶ Wound malodour made some respondents feel 'physically sick' ▶ Hiding their response to the odour to the patient was sometimes a challenge ▶ Effects of malodour on other patients or relatives

malodour (71%, n=558). However, 25% (n=194) had limited awareness of malodour and 5% (n=37) did not know what caused wound odour.

Do you receive any training in managing malodour?

This question had 787 responses. Limited training on malodour was reported by 44% (n=345) of respondents, while 24% (n=191) had received no training at all. Additionally, only 32% (251) of respondents stated that they had received adequate training on wound odour.

How challenging do you find managing malodour?

This question received 788 responses. Only a small minority found wound malodour not challenging (9%, n=69), and for most respondents malodour was either moderately challenging (39%, n=304) or slightly challenging (37%, n=291). Additionally, there were some respondents that found malodour management either very challenging (14%, n=107) or extremely challenging (2%, n=17). HCPs had the opportunity to elaborate on the challenges they faced through a free-text response, with 46% (n=359) choosing to provide comments.

Common themes and key insights from their responses are summarised in *Table 1*.

Do you feel comfortable speaking to your patients about malodour?

This question received 785 responses. The majority of respondents (64%, n=500) felt comfortable discussing malodour with patients, while 28% (n=223) indicated that they sometimes felt uncomfortable addressing the topic. Respondents had the opportunity to express their thoughts around why they found speaking about malodour uncomfortable in a free text option, of which 23% (n=185) chose to express their views. The respondents' opinions revealed recurring themes, including:

- ▶ It was hard to discuss with the patient if the patient was not aware of the odour
- ▶ Difficult to discuss malodour in palliative patients
- ▶ It was considered 'a hard to discuss', 'sensitive' or 'taboo' subject to address with patients
- ▶ Respondents were concerned about 'upsetting', causing 'embarrassment' or that it may affect a patient's 'self-esteem'
- ▶ Some patients may not have the capacity to understand that they

had wound malodour due to disease processes such as dementia

- ▶ Lack of knowledge, training, experience and confidence was indicated by some respondents.

In order of severity please grade the impact of wound complications on patients

This question received 775 responses. HCPs identified pain as the wound complication that impacted most on patients (47%, n=364), followed by malodour as the second most distressing symptom (20%, n=154). Infection (19%, n=143) and excessive exudate (15%, n=114) were reported as the least impactful.

What is your first-choice dressing category for managing malodour?

This question received 788 responses. Many of the respondents (43%, n=340) indicated that antimicrobial dressings were their preferred choice for managing wound malodour, followed by carbon dressings used by 40% (n=316). Absorbent dressings were chosen by 8% (n=65), while scented dressings were the least popular option (1%, n=7). Additionally, 8% (n=60) had no specific dressing preference.

What challenges do you experience with the dressings currently available for malodour?

This question received 786 responses. Limited choice of dressings was cited as the most problematic challenge experienced by respondents (44%, n=342). Availability of dressings was also problematic for 27% (n=210) of respondents. Some other challenges cited were absorption (15%, n=116), sizes (5%, n=39) and dressing retention (3%, n=26). Respondents had the opportunity to share additional challenges through free text responses, with 5% (n=40) choosing to do so. Some of the consistent trends that were observed included:

- ▶ Cost of dressing
- ▶ Lack of conformability to limb or body shape
- ▶ Limited availability or no availability on local formulary or from suppliers

- ▶ Dressings available for malodour in area of practice are ineffective
- ▶ Limited clinician knowledge.

DISCUSSION

Malodour was reported by 76% of patients in the survey, with HCPs identifying it as the second most significant factor impacting patients, after pain. Similarly, patients ranked malodour as one of the most distressing symptoms, alongside dressing leakage, frequent dressing changes, and lack of information. These findings align with previous studies by Pramod (2024) and Gethin et al (2014).

The effect of malodour on quality of life has been previously explored (Gethin et al, 2023a), with this survey echoing similar findings. Embarrassment was the most reported impact, followed by social isolation, resistance to treatment, nausea, and anxiety, further highlighting the profound effect which malodour can have on individuals. Furthermore, Gethin et al (2023a) established that patients often accept malodour as an unavoidable part of living with a chronic, non-healing wound and develop their own strategies to manage it. These include increasing the frequency of dressing changes, changing clothes and bed sheets more often, and using deodorants, incense, or candles to mask the smell.

When discussing malodour with HCPs, 68% of patients (n=17) felt confident in raising concerns, whereas 32% (n=8) did not feel comfortable doing so. Additionally, 30% (n=8) believed that their wound odour was not being managed effectively.

Most HCPs expressed confidence in discussing malodour with patients; however, 28% (n=223) lacked confidence in certain situations, particularly when caring for palliative patients due to concerns about causing distress, embarrassment, or their own lack of knowledge and training. Some HCPs believed malodour was a difficult to discuss or taboo subject. Moreover, 44% (n=345) reported receiving limited training, while 24% (n=191) had no



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training at all. Gethin et al (2023a) emphasised the urgent need for HCPs to recognise, assess, and better understand how patients experience wound odour and how it impacts on an individual.

There was only a minority of HCPs (9%, n=69) who reported that they found malodour management unchallenging, with the majority finding it either slightly or moderately challenging. Commonly cited challenges (*Table 1*) included:

- ▶ Lack of training and education
- ▶ Limited knowledge among HCPs
- ▶ Cost and accessibility of appropriate dressings
- ▶ Ineffectiveness of dressings in managing symptoms
- ▶ Patient compliance and expectation management.

The HCP survey focused exclusively on topical treatments,

without exploring other malodour management strategies such as wound cleansing and debridement. Further research into additional odour reducing techniques would be valuable. The survey also did not explore any detail on the rationale behind why HCPs selected a particular type of dressing. An understanding of this in clinical practice would be beneficial to develop further insight into this area. Results of the current survey, however, revealed that antimicrobial dressings were the most used option for managing malodour (43%, n=340), followed by carbon dressings (40%, n=316). Conversely, a recent systematic review on topical treatments for malodour (Gethin et al, 2023b) highlighted a lack of research in this area, with no standardised or consistent outcome measures reported for these products. Further guidance on appropriate

management options for malodour and introduction of a standardised approach into clinical practice would assist in improving clinical outcomes for patients.

These findings highlight the need for improved education, standardised assessment tools, and better access to effective treatment options to enhance malodour management and patient care. Using an objective odour assessment tool, such as the Teler[®] Scale, could provide a more structured approach to evaluating and defining malodour (World Union of Wound Healing Societies [WUWHS], 2019) and assist HCPs in understanding how living with malodour can affect individual quality of life.

LIMITATIONS

Both surveys were distributed online, limiting participation to individuals who are computer-literate and able to complete an online survey, potentially restricting access to a broader population. This may be the reason for the low response rate in the patient survey (n=29). The patient survey was distributed via registered members of In This Together, meaning only those within their database had access, which may not reflect the wider population who experience wound malodour. Similarly, the HCP survey was shared through the JCN, GPN and WCT websites, restricting participation to its members and excluding a broader range of healthcare professionals, such as GPs.

Despite the recognised challenges of low response rates and selection bias in surveys (Eysenbach, 2005), the HCP survey received enough responses to draw meaningful conclusions about the experiences of treating patients with malodour and the challenges encountered in clinical practice. Additionally, although the patient survey had a smaller sample size, it still provided valuable insight into the lived experience of individuals with malodorous wounds.

CONCLUSIONS

The surveys highlight the significant

impact of wound malodour on quality of life, with embarrassment, distress, and emotional challenges being key concerns. While many patients felt confident discussing odour with clinicians, a notable proportion did not or felt their concerns were unmet. While most HCPs believed that they were confident in diagnosing the causes of malodour, many had received limited or no training in its assessment and management. Additionally, several challenges were expressed by HCPs, especially regarding access to knowledge and training, cost of dressings, availability and access to effective dressings, and managing patient expectations.

Standardising odour assessment and treatment protocols is crucial for improving care. Further research is needed to develop reliable tools and evidence-based guidelines. These findings underscore the need for better clinician-patient communication, enhanced management strategies, and greater support to address both the physical and psychological effects of wound malodour. **JCN**

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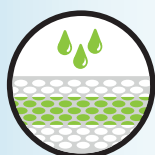
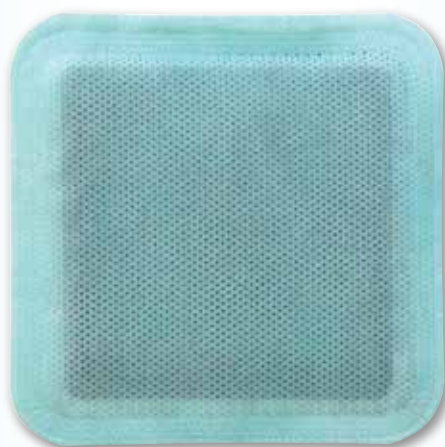
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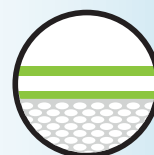
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Visual	RHC Code	Description	PIP Code	NHS Code	Unit of issue
	206510	10cm x 10cm	422-1800	ELV85012	Box of 10
	206512	12.5cm x 12.5cm	422-1768	ELV85010	Box of 10
	206520	10cm x 20cm	422-1792	ELV85011	Box of 10
	206522	20cm x 20cm	422-1784	ELV85013	Box of 10
	206530	20cm x 30cm	422-1776	ELV85014	Box of 10