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Wound Malodour Pathway

Identify, Treat, Neutralise

Both patients and clinicians identify malodour as one of the most distressing symptoms associated with wounds. Patients report wound malodour causes feelings of embarrassment, shame and depression, along with physical symptoms such as loss of appetite, nausea and malaise, leading to social isolation and withdrawal.[1,2] Clinicians may experience conflict when striving to 'do good' and 'be good,' while fearing failure and powerlessness,[3] as well as dealing with their own feelings of revulsion towards the wound malodour.[4]

An international survey into the management of wound malodour found there was no standardised treatment method, with clinicians often taking a trial-and-error approach.[5] The causes of wound malodour can be attributed to several factors, including bacteria, tissue necrosis, poorly vascularised tissue and high levels of exudate.[6] For this malodour pathway, the causes have been divided into four categories: infection, devitalised tissue, malignant fungating wounds and high levels of exudate.

Wounds may have just one cause for the malodour; however, it is common for malodourous wounds to have a combination of causes.[7] It is important that any reversable causes of wound malodour are treated, rather than being masked or neutralised.

The Wound Malodour Pathway was developed to assist clinicians by identifying the root cause of the malodour for the wound they are treating. The pathway gives advice on how to treat the cause[s] of the malodour, while using a superabsorbent charcoal dressing to neutralise the malodour and contain moderate-to-high levels of wound exudate.

The authors acknowledge that the Wound Malodour Pathway is only focused on the treatment of the actual wound. However, the pathway should be used in conjunction with a holistic and individualised approach to reduce the distress caused by wound malodour and to improve the overall experience for the patient, their family and caregivers.

Identify cause of malodour

Infection

Follow local policy for treating wound infections or refer to the International Wound Infection Institute.[8]

Local wound care should include:

- **Cleanse and soak the wound with a suitable antimicrobial solution.**
- **Apply a suitable antimicrobial dressing.**
- **Wound should be reviewed at two weeks or sooner to evaluate wound progress and effectiveness of treatment.**

Devitalised tissue

Consider appropriate method of debridement. For example:

- **Autolytic**
- **Mechanical**
- **Biological**
- **Enzymatic**
- **Sharp/Surgical (may not be suitable for malignant wounds).**

Local wound care should include:

- **Cleansing of the wound bed and surrounding skin to remove loose debris and devitalised tissue.**
- **Select a suitable dressing according to requirements of wound environment.**

Malignancy/ fungating

Follow local policy for malignant fungating wounds if available, or consider and treat the following aspects:

- **Pain**
- **Bleeding**
- **Infection**
- **Exudate**
- **Malodour**
- **Surrounding skin**
- **Psychosocial impact.**

Generalised wound odour due to high exudate levels

Consider the wound dressing type and frequency of change, ensure the dressing is capable of absorbing and locking away excess exudate from wound bed and surrounding skin.

For venous leg ulceration or lymphoedema, use suitable compression.

Refer to vascular/ tissue viability/podiatry services for advice if:

1) You are unable to obtain an accurate ABPI or it is out of range.
2) You are unable to reach a correct diagnosis for the ulcer.

For wounds with moderate-to-high exudate, use a C-Sorb Carbon superabsorbent dressing as a primary or secondary dressing, to absorb exudate and neutralise wound malodour. Secure in place with a suitable retention bandage, compression bandages, or a medical adhesive to the edges of the dressing, as dictated by the wound site and type.

Pathway adapted from article:

Pramod, S. (2025) Impact of wound malodour on patients: how to assess and manage. *J Community Nurs* 39(1): 18-25.

C-Sorb Carbon

References:

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