

Secondary anti-odour absorbent dressing with cinnamon

in the management of complex surgical wounds

1. SPECIALIST CLINICAL NURSE IN TISSUE VIABILITY OF CARDIOTHORACIC SURGERY; MSN - UNIDADE LOCAL DE SAÚDE SÃO JOÃO, PORTO, PORTUGAL

Sternotomy dehiscence caused by a reaction to the sternum wires, are complex wounds that only close when the material is removed in surgery. The time between the appearance of the wound and surgery can be long, with the development of several complications, i.e., purulent exudate with bad odor, hypergranulation tissue and maceration of the periwound skin. The use of a secondary anti-odour absorbent dressing with cinnamon promotes effective odor control with effective exudate management, improving quality of life and the condition of the periwound skin.

Use of a secondary anti-odour absorbent dressing with cinnamon to control odour and manage exudate in sternotomy dehiscence due to rejection of the sternum wires. Used in adult patients awaiting surgery, with effective management of perilesional skin and odour.

This treatment was carried out on 15 patients, who had waited more than 6 months for surgery, with total rejection of the sternum wires, with purulent exudate and needing treatment twice a week. They managed to keep the perilesional region intact, which allowed for more effective healing after surgery, in addition to allowing them to maintain their social life and consequently a better quality of life, through odour control.

For management of inflammatory signs and the bacterial burden, the primary dressing was made from dialkylcarbamoylechloride net. The association of both dressings allows an effective exudate and inflammation/local infection management.



After 14 months, 3 cycles of antibiotics, the patient went to surgery, without major complications. The tattoo had to be removed by debridement of the periwound skin.

This dressing material has a significant effect on patients with odorous wounds, as one of the biggest consequences is social isolation, which directly interferes with quality of life and consequently the progress of healing. It is important to promote the quality of life of these patients, so that after surgery, healing is not compromised.

Darwin ES, Thaler ER, Lev-Tov HA (2019) Wound odor: current methods of treatment and need for objective measures. *G Ital Dermatol Venereol* 154(2): 127-36. Edwards-Jones V (2018) Microbiology and malodorous wounds. *Wounds UK* 14(4): 72-5. Ousey K, Roberts D, Gefen A (2017) Early identification of wound infection: understanding wound odour. *J Wound Care* 26(10): 577-82. Probst S & Saini C. (2024) The management of wound odour and exudate using a multi-purpose dressing - a case series. *Journal of Wound Management* 25(1):43-47.



After 8 months in waiting list, was under surgery to take all wires off. No problems related and closed by first intention.

