Evaluating Cinesteam®, a Cinnamon-Based Secondary Dressing for Odour Control in 20 Patients with Hard-to-Heal, Malodorous Wounds

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Introduction

Malodour can be common in hard-to-heal, complex and malignant fungating wounds, particularly where there is a high bacterial burden, necrotic tissue or excessive exudate.[1] It can cause **psychological distress, social isolation and reduced quality of life**.[2,3]

Method

This **14-day prospective observational case series** evaluated the cinnamon-based secondary dressing Cinesteam® in managing wound-related malodour in 20 patients, aged 31-81, across primary and secondary care settings.

Wounds were all malodorous, and included:

- Diabetic foot ulcers
- Leg ulcers
- Malignant wounds
- Pressure ulcers
- Surgical and traumatic wounds

Odour was assessed using a **four-point clinical scale (**None, Slight, Moderate, Strong), informed primarily by the patient's perception.

Outcomes measured included: changes in malodour, patient satisfaction, acceptability of the cinnamon scent, exudate absorption, ease of application and dressing conformability. Assessments were undertaken at baseline and every two to three days until day 14.

Cinesteam was applied as a secondary dressing alongside usual wound care. Primary dressings varied according to clinical need and included debridement products, antimicrobial dressings and enzymatic gels.

Fig. 1

Change in Wound Odour

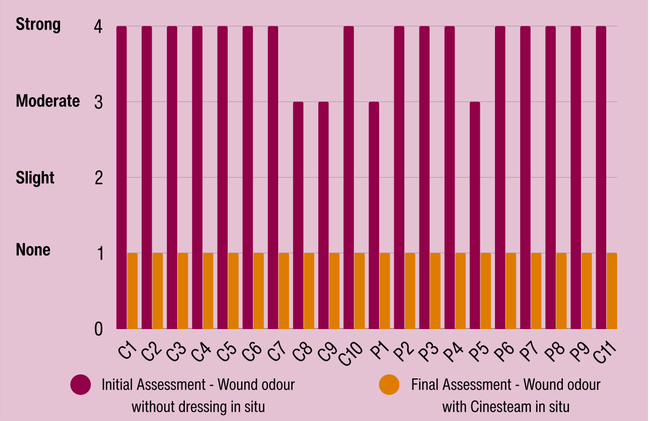
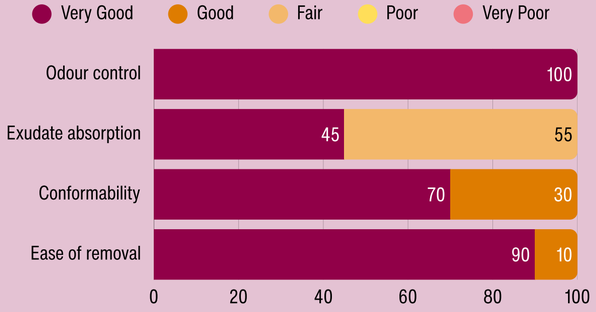


Fig. 2

Overall Clinician Ratings



Results

At initial assessment, 100% of patients presented with moderate or strong wound malodour with no dressing in situ.

- Complete resolution of malodour was reported in **all 20 patients** (wound odour with Cinesteam in situ reduced to "none") during the 14-day evaluation (Fig. 1)
- **100%** of patients rated odour control as **"very good"** (20/20)
- **90%** reported liking the cinnamon scent (18/20)

Clinicians found the **dressing easy to apply** and **conformable** to different wound locations (Fig. 2).

Patients also reported **improvements in sleep, appetite and social interaction,** alongside **reduced embarrassment** associated with wound malodour.

Discussion

Effective management of wound malodour is an important holistic component of wound care as malodour can significantly affect psychological well-being, dignity and social participation.[2,3]

Cinnamon-based secondary dressings such as Cinesteam, may help manage malodour by **adsorbing odour-associated compounds**[4] while releasing a more acceptable scent.

Malodour resolution was observed across a range of wound types and exudate levels. The small sample size and absence of a comparator group preclude conclusions about whether outcomes differed by wound aetiology or exudate level. The high acceptability of the cinnamon scent may explain why patients tolerated the dressing throughout the evaluation period.

The **improvements in sleep, appetite and social interaction** reported here are consistent with wider literature linking odour control to quality of life, although these outcomes were patient-reported and may be susceptible to expectation effects.

Patient 3 "had **confidence in the dressing**, allowing **family back into their home** to visit."

Patient 16 **"requested to be discharged with Cinesteam.®"**

Patient 17 **"loved the cinnamon smell and stated it had helped [them] to forget about the wound."**





Conclusion

In this evaluation, Cinesteam was associated with resolution of wound malodour and high levels of patient and clinician satisfaction. Reported **quality-of-life benefits** included improved sleep, appetite, confidence and social interaction, with individual patients describing a return to work and increased social visits.

These findings suggest that **Cinesteam may be a useful and well-tolerated adjunct** to usual care for patients with malodorous wounds. Larger, controlled studies using validated and independently assessed outcome measures are needed to confirm these findings.

Evaluation limitations included the small sample size, short evaluation period, subjective assessment of malodour and absence of a comparator group.

References: 1) Stephen-Haynes J. Managing malodorous wounds in the community using a structured approach for practice. British Journal of Community Nursing. 2025;30(Sup12):S22–S30. doi:10.12968/bjcn.2025.0189; 2) Kapp S, Miller C, Santamaria N. (2021). "Social participation of people with chronic wounds: A systematic review." International Wound Journal. 3) Gethin G, Kottner J, Lamza A, Meaume S, Megal C, Conde Montero E, Rawlinson F, Ryan H, Probst S. Palliative wound care. Recommendations of the management of wound-related symptoms. J Wound Management, 2025;26(1 Sup1):S1-S40 DOI 10.35279/jowm2025.26.01.sup01. 4) CEMAG Care. Cinesteam®: Instructions for Use—Secondary anti-odour absorbent dressing. Manufacturer's instructions for use.

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Poster supported by a sponsorship by CD Medical.

Wounds UK Conference 2026