

Evidence Summary: Wound Management – Tea (green) for managing malodorous wounds

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QUESTION

What is the best available evidence regarding green tea for managing wound odour?

CLINICAL BOTTOM LINE

Malignant fungating wounds (MFWs) are known to be particularly malodorous as a result of metabolic processes that occur as bacteria breaks down necrotic tissue.^{1, 2} Wound odour has a negative psychosocial impact on patients as it is related to anxiety and stress; feelings of disgust and poor body image; and social isolation and loneliness.² Anecdotal evidence³ suggests that advanced wound care products that have a role in reducing wound odour (e.g. metronidazole powder, activated-charcoal dressings) are difficult to access and cost prohibitive in low resource countries. Although there is a paucity of published evidence, green tea has been used effectively to reduce the unpleasant odour of MFWs, and improve quality of life for patients.^{1, 2}

Positive outcomes associated with the use of tea bags in wound management

- Case studies indicate that use of green tea bags on a MFW of the breast is culturally acceptable to Indonesian² and Malay women.¹ (Level III)
- In series of case studies (n=4) women with MFW of the breast all reported reduction in wound odour during and after dressing changes when green tea bags were applied. Although odour was measured using a 5-point visual analogue scale, the specific level of odour reduction was not reported.¹ (Level IV)
- In one case study, use of green tea bags as a component of the dressing for a MFW of the breast reduced the level of exudate. Green tea bags were reported to absorb up to five times their weight (i.e. 35 to 40g).¹ (Level IV)
- In one case study, use of tea bags was associated with an increase in patient appetite due to a reduction in the odour associated with a MFW of the breast.¹ (Level IV)

Contraindications and side effects

- No contraindications or physical side effects have been reported in the published literature.

- Tea should not be applied directly to the wound.² (Level IV)
- One woman ceased using a green tea bag dressing due to its unacceptable bulkiness.¹ (Level IV)

OTHER FACTORS FOR CONSIDERATION

Consideration of the following factors is necessary:

- Other odour-reducing products and dressings (e.g. metronidazole powder, activated-charcoal dressing) may be difficult or costly to access in third world countries.³ (Level IV)
- It is common practice in some countries to apply tea leaves or other food products to conceal the odour of MFWs.² (Level IV)

CHARACTERISTICS OF THE EVIDENCE

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases (including third world health care journals) combining search terms that describe wound management and both green and black tea. Retrieved papers were appraised for relevance and rigour using JBI appraisal tools. The evidence in this summary comes from:

- One case report² (Level IV)
- A series of case studies¹ (Level IV)

BEST PRACTICE RECOMMENDATIONS

- Reduction in wound odour is related to positive patient outcomes including reduction in social isolation, increase in appetite and improved body image. (Grade B)
- When manufactured odour absorbing or controlling wound dressings or pharmaceutical agents are not available the use of unused green tea bags in the dressing of a malignant fungating wound provides a culturally acceptable, cost-effective option for containment of wound malodour. (Grade B)

GRADES OF RECOMMENDATIONS

Grade A	Strong support that merits application
Grade B	Moderate support that warrants consideration of application
Grade C	Not supported

REFERENCES

1. Yian, L., Case study on the effectiveness of green tea bags as a secondary dressing to control malodour of fungating breast cancer wounds. Singapore Nursing Journal, 2005. **32**(2): p. 42-8. (Level III)
2. Leng, N. and L. Yian, A case report of an innovative strategy using tea leaves in the management of malodourous wound. Singapore Nursing Journal, 2002. **29**(3): p. 16-8. (Level III)
3. CancerNursing.org Forum. Malodour and profuse exudate in fungating malignant wounds. 2007 [cited 24.05.2012]; Available from: <http://www.cancernursing.org/forums/topic.asp?TopicID=28>. (Level IV)

AUDIT CRITERIA

1. The patient is offered an odour reducing product (e.g. green teabags, odour absorbing/controlling wound dressings or pharmaceutical agents)

2. Wound assessments are undertaken at each dressing change
3. Tea bag dressing is satisfactorily secured and bulkiness is minimised
4. No exudate is visible on the absorbent padding applied over the tea bags
5. Since using the green tea bag dressing patients report reduction in odour
6. Since using the green tea bag dressing patients report reduction in social isolation
7. Since using the green tea bag dressing patients report increase in appetite
8. Since using the green tea bag dressing patients report improved body image

KEY WORDS

Wound care; low cost; traditional; green tea; odour; alternate (complementary) therapies; malignant fungating wounds (MFWs)



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