

# COVID-19: Relativity to wound skin and ostomy care

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The front cover of this edition of the WCET® Journal is headlined ‘Special COVID-19’ edition. The rationale being the Guest Editorial and several articles featured portray the clinical effect the COVID-19 virus has had on affected patients, health professionals and health service providers. The sheer volume of patients adversely affected or who succumbed to this deadly virus within a short time span is astronomical.

Our Guest Editorial on ‘Medical device-related pressure injury in health care professionals in times of pandemic’ by Aline de Oliveira Ramalho and colleagues in Brazil graphically demonstrates the side effects of wearing personal protective equipment such as respiratory protection masks on the facial skin integrity of health professionals in the form of pressure injuries. The discomfort and pain caused by these wounds should not go unrecognised as staff provided care to others.

The diversity of challenges faced, and actions to address these, are clearly and poignantly articulated by our WCET® International Delegate (ID) colleagues worldwide who have generously made time to respond to Brenda Christiansen’s request to share their COVID-19 experiences. Brenda, we thank you for initiative in reaching out to support your colleagues in this manner. For those of us a step removed from the frontline of acute care and emergent management of COVID-19 cases, our IDs’ personal and clinical observations provide greater insight into the harsh reality of managing this virus under burgeoning constraints.

The White Paper on ‘Skin manifestations with COVID-19: the purple skin and toes that you are seeing may not be deep tissue pressure injury,’ provides detailed discussion on the morphological and clinical manifestation of these wounds, which will assist clinicians better discern what is a COVID-19 related skin condition versus a pressure injury.

Purcell and colleagues present the results of their systematic review of topical analgesic and local anaesthetic agents to manage often underestimated chronic leg ulcer pain.

Patient education is a high priority for wound ostomy and continence nurses. Lataillade and Chabal relay how therapeutic patient education can be a useful clinical tool in engaging patients to adjust to living with an ostomy through the development of mutual trust and collaborative care.

There is much to reflect on within our changing world because of COVID-19. It is clear, however, the constraints of COVID-19 have not suppressed the humanity and caring nature of health professionals worldwide. Your selflessness at this time is acknowledged and appreciated.

Best Wishes

Jenny  
Editor

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