

# REVISED CEAP | American Venous Forum

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## REVISED CEAP

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The CEAP classification consensus document was written by the American Venous Forum in 1994, updated in 1996 and revised in 2004 to provide a comprehensive objective classification. It was universally accepted and endorsed, with most published papers now using all or portions of the CEAP system. It was comprised of two parts: classification and severity scoring.

### Classification

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**C** – clinical manifestation

**E** – etiologic factors

**A** – anatomic distribution

**P** – pathophysiologic dysfunction

### Severity Scoring

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- Number of anatomic segments affected
- Grading of signs and symptoms
- Disability
- Revision

As a result of now meaningful scientific communication of venous disease, improvements in diagnosis and treatment followed. This naturally led to the need to update and refine CEAP. Based on international consensus recommendations, the AVF published a revised CEAP document in 2020. These changes include adding Corona phlebectatica as the C4c clinical subclass, introducing the modifier “r” for recurrent varicose veins and recurrent venous ulcers, and replacing numeric descriptions of the venous segments by their common abbreviations.

# CEAP TABLES

## Clinical

C CLASS	DESCRIPTION
C0	No visible or palpable signs of venous disease
C1	Telangiectasias or reticular veins
C2	Varicose Veins
C2r	Recurrent Varicose Veins
C3	Edema
C4	Changes in Skin and Subcutaneous Tissue Secondary to CVD
C4a	Pigmentation or Eczema
C4b	Lipodermatosclerosis or Atrophie Blanche
C4c	Corona Phlebectatica
C5	Healed Venous Ulcer
C6	Active Venous Ulcer
C6r	Recurrent Active Venous Ulcer

CVD Chronic Venous Disease  
Each clinical class subcharacterized by a subscript indicating the presence (symptomatic, s) or absence (asymptomatic, a) of symptoms attributable to venous disease.

## Etiological

E CLASS	DESCRIPTION
Ep	Primary
Es	Secondary
Esi	Secondary - Intravenous
Ese	Secondary - Extravenous
Ec	Congenital
En	No Cause Identified

## Anatomical

A CLASS	DESCRIPTION
As	Superficial
	Old New Description
	1. Tel Telangiectasia
	1. Ret Reticular Veins
	2. GSVa Great Saphenous Vein Above Knee
	3. GSVb Great Saphenous Vein Below Knee
	4. SSV Small Saphenous Vein
	AASV Anterior Accessory Saphenous Vein
	5. NSV Nonsaphenous Vein
	Ad Deep
Ad	Old New Description
	6. IVC Inferior Vena Cava
	7. CIV Common Iliac Vein
	8. IIV Internal Iliac Vein

8.	IV	Internal Iliac Vein	
9.	EIV	External Iliac Vein	
10.	PELV	Pelvic Veins	
11.	CFV	Common Femoral Vein	
12.	DFV	Deep Femoral Vein	
13.	FV	Femoral Vein	
14.	POPV	Popliteal Vein	
15.	TIBV	Crural (Tibial) Vein	
16.	MUSV	Muscular Veins	
16.	GAV	Gastrocnemius Vein	
16.	SOV	Soleal Vein	
Ap	Perforator		
	Old	New	
		Description	
	17.	TPV	Thigh Perforator Vein
	18.	CPV	Calf Perforator Vein
An	No Venous Anatomic Location Identified		

\*New specific anatomic location(s) to be reported under each P (pathophysiologic) class to identify anatomic location(s) corresponding to P class

## Pathophysiological

P CLASS	DESCRIPTION
Pr	Reflux
Po	Obstruction
Pr,o	Reflux and Obstruction
Pn	No pathophysiology Identified
**Advanced new abbreviations for specific A anatomic locations(s) to be reported under each P Pathophysiologic class to identify anatomic location(s) corresponding to P class.	

**P**

# CEAP FORMAT NOTATION GUIDE

## BASIC

**R or L:** **C** [highest subscript] (s or a) **E** [all subscripts] **A** [all subscripts]  
**P** [all subscripts without anatomic notation]

**C** 0, 1, 2, 2r, 3, 4, 5, 6, 6r

**E** p, s, se, si, c, n

**A** s, d, p, n

**P** r, o, r,o, n

## ADVANCED

**R or L:** **C** [all subscripts] (s or a) **E** [all subscripts] **A** [all subscripts]  
**P** [all subscripts with anatomic notation]

**C** 0, 1, 2, 2r, 3, 4, 4a, 4b, 4c, 5, 6, 6r

**E** p, s, se, si, c, n

**A** s, d, p, n

**P** r (---, ---, ---); o (---, ---, ---); r,o (---, ---, ---); n

*Please use --- to indicate appropriate anatomic subscripts*

## INSTRUCTIONS FOR USE OF CEAP CLASSIFICATION

1. **Designations:** All CEAP designations should be subscripted if possible

### 2. Laterality

Designate each limb being classified.

a. Use **R:** for right extremity and **L:** for left extremity (black arrow) followed by a colon (:), in front of the CEAP description (red arrow).

b. If both extremities are being classified, designate right extremity first followed by left extremity separated by a semicolon.

**Example:**

**R:** C<sub>2</sub>E<sub>p</sub>A<sub>s</sub>P<sub>r</sub> **L:** C<sub>2</sub>E<sub>p</sub>A<sub>s</sub>P<sub>r</sub>

### 3. C (Clinical)

#### a. Basic

• For **basic CEAP**, use the highest **numeric** clinical classification

**Example:** Patient with varicose veins, advanced lipodermatosclerosis and an ulcer: C<sub>6</sub>

• For C<sub>2</sub> and C<sub>6</sub> patients who have recurrent disease use "r" designation with respective numeric designation (C<sub>2r</sub> or C<sub>6r</sub>)

• For C<sub>4</sub> patients use only number 4 subscript value (don't use 4<sub>a,b,c</sub> designation)

#### b. Advanced

• For **advanced CEAP**, use all clinical classifications, separated by commas.

For patients with multiple C<sub>4</sub> designations, report them in alphabetical order separated by commas (black arrow)

**Example:** Patient with varicose veins, advanced lipodermatosclerosis and corona phlebectatica should be reported as:

C<sub>2,4b,c</sub>

#### c. Symptoms

• The designation of asymptomatic ('a') or symptomatic ('s') **should be used in basic and advanced CEAP** (black arrow) and should be in lower case, in parenthesis at the end of the

C<sub>2,3(s)</sub>



#### d. Recurrent disease

- C<sub>6r</sub>**

#### 4. Etiology and Anatomy (E and A) – no distinction between basic and advanced CEAP

- $E_{p,se,si} A_{s,d}$

## 5. Pathophysiology (P)

- $P_{r,0}$

**b. Advanced 'P',** pathologic segments are reported in the following order:

- Example:**

$\mathbf{P}_{r(\text{GSVa}, \text{GSVb}); o(\text{EIV}); ro(\text{CVF}, \text{FV})}$