

We have added in the discussion section of the article about the differences between the approach we use and other approaches in the literature.

The added content is as follows:

Therefore, it is better to maintain continuity during surgery instead of repairing after cutting. Maintaining continuity can maintain a greater degree of integrity and physiological function of the soft tissues.

The CPP approach we adopted in this study uses traditional posterior lateral approach instruments without the need for specialized instruments, making it easy to implement in clinical practice. Moreover, surgical records show that the integrity of short external rotator muscles and piriformis tendon is well preserved during surgery, without increasing the exposure difficulty.

In addition to preserving short external rotators and the piriformis tendon, we also focus on preserving the integrity of the posterior upper joint capsule (ischiofemoral ligament). This can form a soft tissue wall that blocks the posterior upper dislocation. Moreover, it can preserve the wrapping effect on the large outer head, which can reduce the abnormal increase in mobility after joint replacement surgery^[31]. We do not emphasize the integrity of the quadratus femoris muscle. To avoid damaging the short external rotator muscles, caudal exposure is necessary to make the removal of the femoral head and the procedure of the medullary cavity easier. In addition, electrocoagulation reduces intraoperative blood loss compared to intraoperative blunt injury of the ascending branch of the medial circumflex femoral artery in the quadriceps femoris muscle caused by traction.