Response to reviewer comments:

Peer-review report(s)	Point-by-point response
Reviewer #1: **Scientific Quality:** Grade C (Good) **Language Quality:** Grade A (Priority publishing) **Conclusion:** Accept (General priority) **Specific Comments to Authors:** The hypothesis around the manuscript is if excision of trochanteric bursa during THA reduces the incidence of trochanteric bursitis after surgery. To my knowledge, this is the first time this phenomena is investigated and I found it truly interesting. Even though this is a retrospective study with a considerable loss of patients at follow-up, the results are clear about that bursectomy doesn't prevent the problem but it may be a solution for patiens already suffering from this condition. I don't have any major comments. The paper is well written, hypothesis and methods are clear, conclusions are focused and summarize the results. Limitations (retrospective type of study and drop at follow-up) are well stated.	

Reviewer #2: **Scientific Quality:** Grade C (Good) **Language Quality:** Grade A (Priority publishing) **Conclusion:** Minor revision **Specific Comments to Authors:** My major concern here is the way you identified post THR Trochanteric Bursitis. This condition typically presents to and is managed in primary care. The observed rate of 0.5% supports that only a small proportion of cases with post THR TB were brought to the attention of secondary care. This does not necessarily detract from your core finding but perhaps it should be qualified that bursal excision does not alter the incidence of severe TB presenting to secondary care. Whilst mentioned in the discussion this limitation should be expanded upon. The 0.5% figure probably does not represent the true incidence in your population and this must be made clear. Alternatively you could identify a sufficiently sized subgroup in whom you could electronically interrogate the primary care dataset for post THR TB do test your core hypothesis.	We agree that the reported incidences in our series maybe underestimates as late presentation of post-THR bursitis (i.e. beyond 1 year) that were solely managed in the primary care will not have come to our attention. The true incidence of post-THR bursitis may indeed be higher, it opens the question of the clinical significance of these cases that do not require secondary care treatment. Unfortunately, there is no easy way to capture primary care data and therefore further analysis on this will not be possible in our series. As suggested, we have amended the manuscript to clarify that trochanteric bursitis cases are those that were managed in the secondary care only. The limitation section has also been expanded to highlight this. As to the point of labelling the trochanteric bursitis as "severe", it is difficult to quantify severity without any widely used classification system. So we will make the above changes that will deal with the topic as completely as possible.