Dr. Mark Oseas
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By Travis Anderson

As a teenager, Mark Oseas, D.D.S., became interested in health care after working at a hospital as a pharmacy clerk and volunteer. The experiences there helped him become the first person in his family to pursue a career in health care.

“My father was a technician who repaired TVs and garage doors,” says Dr. Oseas, who was born and raised in Los Angeles. “That might be where I get my manual skills. It didn’t take me long to realize that dentistry was perfect for me because it allowed me to combine medical science with an opportunity to create with my hands.”

An oral and maxillofacial surgeon, Dr. Oseas puts his technical skills to good use at his Torrance, CA, practice, where he cares for nearly 1,000 South Bay-area patients each year. “Oral and maxillofacial surgery is a broad specialty with many different aspects, such as tooth extraction, including the removal of impacted teeth, the placement of dental implants and the treatment of oral pathology, including biopsies.

Making Time for Family

More than a decade ago, Mark Oseas, D.D.S., and his wife, Bonnie, moved to Rancho Palos Verdes, where they live today. They have four daughters, ages 13, 12, 10 and 8, and find that balancing their bustling home life with the demands of a thriving dental practice is a challenge. “Even though school breaks are the busiest time at my practice, because that is when students are out of high school and college, I decided several years ago that I didn’t want to let this time — the time I could be spending with my children — slip by me,” Dr. Oseas says. “Now, I take a week off during winter break, spring break and summer break. At first, I thought, ‘There’s no way I can do this. We’re so busy at the office.’ But, I realized that we have limited time to spend with our own children. I’m happy with my decision. It’s worked out very well. In the winter, I enjoy skiing with my family. It’s fun because the whole family can get involved. We also go to the movies together. Each of my children is so different in terms of personality and their likes and dislikes. It’s neat watching my children grow and develop, and I really enjoy spending time with them.”

Staff, from left, standing: Vanessa, Nicole, Marinel, Amy, Noreen, Dr. Oseas; seated, in middle: Felisha; on right: Barbara.
and removal of lesions and tumors inside the cheek or lip or in the jaw,” Dr. Oseas says. “Then, there are the ancillary services I provide, such as placement of bone grafts and treatment of trauma.”

Dr. Oseas doesn’t provide every service, though. Instead, he focuses on several important aspects — mini-specialties, in a sense — that he does well. “It’s difficult to be outstanding at the entire range of oral and maxillofacial services, so I’ve taken several aspects that I do well and that I do often, and I concentrate on those,” he says. “You can’t do a procedure once in a blue moon and expect to get the best results. My goal is to provide patients with only the best results.”

THE NEW WORLD OF DENTAL IMPLANTS

Although the majority of Dr. Oseas’ dental work involves extracting teeth, placing dental implants comprises the fastest-growing segment of his practice.

His patients range from teenagers to people in their 90s. “To ensure they are good candidates, we carefully examine the quantity and quality of the bone and assess the patient’s health,” Dr. Oseas says. “Many times, people who look at my patients after an implant can’t...
tell the difference between the work I’ve done and natural teeth. The possibilities are amazing. I am very fortunate to be practicing at the time that I am.”

The most significant benefit of dental implants is the preservation of jaw structure, says Dr. Oseas. “When one loses a tooth, the jawbone begins to shrink because of the lack of a root system to stimulate jaw growth. Implants help preserve the jawbone. Another benefit is that implants are a more conservative treatment than a fixed bridge, which requires the dentist cut down the adjacent teeth. With a dental implant, the adjacent teeth are not touched. They last longer and aren’t as prone to decay or fracture.”

Dental implants also offer better aesthetic possibilities, but that wasn’t always the case. “Implants have changed dentistry and oral surgery for the better,” Dr. Oseas says. “When I was in dental school in the 1980s, success was defined as implants fusing to the bone. Some cases were aesthetic nightmares, but were considered technical successes.”

Today, the implant must look like a normal tooth for a case to be deemed a success. “In some cases, we need to rebuild bone and soft tissue in order to improve the aesthetics, but we often can achieve remarkable results,” Dr. Oseas says. “A big challenge is when a patient has been missing a tooth for several years, or where he or she lost a tooth to trauma. In these cases, we’re no longer preserving bone and soft tissue; we’re trying to create it. The easiest way to get a good result is to preserve what you have, not to try to get it back later on. We can take a tooth out that has been fractured at the gum line, and many times we are able to remove that tooth root and do an implant immediately.”

Companies that manufacture implants are responding to the demands of dentists and their patients, developing newer surfaces that integrate more quickly. “We’ve gone from six months to four weeks in terms of the time required to complete the implant,” Dr. Oseas says. “Some people are doing immediate loading, even on the same day the implants are placed. This is our challenge, because the earlier you load the implant, the more potential there is for failure. How soon can we restore an implant? It’s the new hot topic at all of our meetings. Within the next few years, we’re going to see new products, some using the latest in nanotechnology, that allow us to load them right away without a higher rate of failure. Right now, I use an Oststell instrument to measure the stability of an implant. It helps give me an idea of when it’s best to load an implant. I look forward to seeing where we are in five years. Integration has come down from six months to four weeks, which is remarkable, but we’re not done yet.”

While some dentists want to be the first to offer a new technology, Dr. Oseas is content to let others practice imperfect methods and techniques. “I don’t want to be the first person on the block to experiment. I want to do work that is tried and true and use methods that are proven successful,” he says. “Even though the implants that I place can be loaded at six weeks, I usually wait eight weeks. My patients understand why that is when I say, ‘We can wait eight weeks and the success rate will be 98%, or we can wait six weeks and the success rate might be 85%.’ Most patients appreciate my more conservative approach.”

**OFFERING OFFICE-BASED ANESTHESIA**

Dr. Oseas finished a four-year undergraduate degree at University of California at Los Angeles in only three years. He then graduated from UCLA School of Dentistry in 1987 and worked for almost two years as a general dentist in Southern California. He didn’t originally intend to pursue a career in oral and maxillofacial surgery, but the more he learned about the specialty field, the more interested he became.

In 1989, he began a four-year oral surgery program at the University of Illinois at Chicago. “I received training in different settings, including a county hospital, a state hospital, a private hospital and a Veterans Administration hospital,” says Dr. Oseas, who completed his residency in 1993. “There was a dental school, too, so it provided a comprehensive experience. As part of my studies, I had training in anesthesiology, internal medicine, ENT surgery, plastic surgery, general surgery and neurosurgery. We gained a lot of experience in the treatment of trauma.
“There’s a lot of medical training that goes into becoming an oral surgeon, and my anesthesia training has been invaluable to me and my patients,” he says. “A big part of my practice is removing impacted wisdom teeth. I’m fortunate because I provide general anesthesia in the office. Many procedures are uncomfortable with local anesthesia, so I offer general anesthesia and IV sedation. My patients sleep through many procedures. My goal is to make each procedure as comfortable and safe as possible. An elderly patient will react differently to anesthesia than a teenager, and I’m trained to assess each individual situation. It’s one of the most important services I provide.”

Dr. Oseas, who is certified in advanced cardiac life support (ACLS) and pediatric advanced life support (PALS), speaks of his profession with pride. “The oral surgery community has done a good job of monitoring itself, and its safety record is tremendous,” he says. “Every oral surgeon who has an anesthesia permit in our state is required to be re-examined every five years. The examiner makes sure you know how to treat any emergency that might occur, and we are required to demonstrate general anesthesia on a live patient.” Dr. Oseas is familiar with both parts of the process, having served as a state examiner, visiting oral surgeons throughout Southern California to ensure they meet the high standards.

At his Torrance office, Dr. Oseas regularly sets aside time to prepare his entire staff — including four oral surgery assistants, a financial coordinator and a scheduling coordinator — to react appropriately to any medical emergency that may arise. “I’m the only surgeon in the office, but this is certainly not a one-man show,” he says, emphasizing his commitment to patient safety. “My staff needs to know how to handle any emergency. The first step is to prevent an emergency. Then, you must know how to recognize an emergency if it occurs and how to react to it to ensure patient safety.”

**BEING A TEAM PLAYER**

As part of his commitment to excellence, Dr. Oseas is deeply involved in professional development opportunities. For example, he belongs to the Western Los Angeles Dental Society, California Dental Association, the American Dental Association, the California Association of Oral and Maxillofacial Surgeons, the American Association of Oral and Maxillofacial Surgeons and the Southern California Academy of Oral Pathology.

This fall, Dr. Oseas will lead a local chapter of the Seattle Study Club. Participating dentists, who will attend by invitation, will meet monthly during the academic year to hear from a speaker or to discuss challenging cases. “There will be 20 to 30 doctors at each of these sessions, so we’ll be able to pool our knowledge and experience, further educating ourselves to provide even better care to our patients,” Dr. Oseas says. “We’re creating an advisory panel — consisting of an oral surgeon, a periodontist, an endodontist, an orthodontist, a restorative dentist and a laboratory technician — so we’ll have many specialists together in one location.”

Dr. Oseas has a track record of getting along with others, both at his private practice and at Little Company of Mary Hospital and Torrance Memorial Medical Center, where he is Chair of the Dental
and Oral Surgery Subcommittee. “In our area, the oral surgeons get along well,” he says. “We support each other and we’re part of a call team of six oral surgeons. In the past, I have found that answering services are not always reliable, so our office created an after-hours system that allows our patients to decide whether their case is an emergency. If it is, we’re notified as soon as the patient leaves a message, and we call the patient back as quickly as possible to help remedy the problem.”

Among the reasons someone might need immediate dental attention is an avulsed tooth, perhaps caused by a bicycle or playground accident. “It needs to be replaced immediately — preferably within an hour — for it to have a chance for survival,” Dr. Oseas says. “The longer a tooth is out of the mouth, the poorer the prognosis. The challenge is that we want something in the child’s mouth until he or she stops growing, which is usually between 16 and 19 years old. We also see a lot of fractured jaws, especially in the summertime, when people are more active. Those need to be repaired in a timely fashion so the bone heals quickly and in the correct position, and to ensure that the patient’s bite is restored to normal. In these circumstances, the hospital often calls an oral and maxillofacial surgeon because we understand the bite so well.”

ON THE LEADING EDGE

Within his own practice, Dr. Oseas continues to make improvements to enhance patient care. In 2006, he introduced digital radiography there, ensuring that patients receive less radiation while benefiting from higher-quality images. And, he says, “Because everything is digital, I can send a copy of that X-ray in a secure manner to the referring doctor or another specialist for further discussion. It’s been one of the best professional decisions I’ve made. Our next goal in the office is to go paperless. It’s a big project, but I think it’s very important and has the potential to enhance patient care.

“More than a decade ago, I was looking for a community where I would want to live and raise my family. I’m fortunate to have found it.”

Mark Oseas, D.D.S., has regular office hours on Monday, Tuesday, Thursday and Friday at 3400 W. Lomita Blvd., Suite 607, Torrance, CA 90505. He can be reached at (310) 325-2561.

Travis Anderson, a regular contributor to Doctor of Dentistry magazine, is a freelance writer. Contact him at traviswanderson@yahoo.com.